FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME ALIDDLE LAST 20 DATE OF DEATH MONTH TYPE OR PRINTI 03 01 79 :10A.M. HELEN W. ABRAHAM 3 SEX 4 RACE 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 2.7 17 HOURS 61 Female Caucasian A BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Wash. DC WIDOWED DIVORCED . Prince Georges ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OUS GOVT (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Clinton SOUTHERN MARYLAND HOSPITAL CENTER Pavroll Clerk Bus. Admin. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND 2120 USUAL RESIDENCE, (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20032 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 4300 Martin Luther King Ave. S.V lash.,D.C. D.C. Washington A FATHER'S NAME 15 MOTHER'S MAIDEN NAME Margaret MIDDLE Traynor Charles Warren Α. Accokeek Md 20607 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Son ADDRESS 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES GIVE WAR OR DATES) Charles M. Abraham 14512 Leonard Calvert Dr 579 09 7320 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: am ? IMMEDIATE CAUSE 10 OR AS A CONSEQUENCE OF tris selevotic Condiques culturals esses sours lapors Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse bets PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 70n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 11-24-75 BBELESS INQUINAL REGION NOF NO IT 21a ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 714 INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY ò AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE [ AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on 3 - lobove, (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 776 SIGNATURE DEGREE 22r. DATE SIGNED ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ould by the PORT Dr. David N. Robb 9401-Indian Head Highway. Oxon Hill, Md 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPECIFY) Burial STATE Olivet Cemetery 3-1979 Mar. Mt. Washington, 250. DATE REC'D. BY REGISTRAF DEGISTRAF SIFIATURE xon Hill 24. FUNERAL DIRECTOR DHMH - 96 60M 1/75 eogge P. Kalas-6160-0xon Hilliska Md. (VR A 15 (4))

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 havrs after death. Page 4 may be retained by the haspital or attending physician.
/	100
9	BP.

STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-07449

								REG			
		CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
	TITPE	OR PRINT)	Gladys		L.	Alexa	nder	March	9, 1979	9	7:10
	3 SEX	х		4. RACE		5 DATE O		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	
		F	100	В		1 MONTH	-26 -1907	72	YRS.	MONTHS DAYS	HOURS
6		RTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	DE NEVER MARRIED	9 BALTIMORE CIT		Y OF DEATH	
0		Md.		U.S	.A.	WIDOWE		Prince	George	e's	
2	10. CT	ITY OR TOWN O	FDEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUP	PATION	12b. KIND	OF BUSINES
not a	Ri	verdale	The second				1 Hospital	Housewi			ome
a a	USUA 130 S	AL RESIDENCE (	IF NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		136 INSIDE CITY LIMITS?	13e STREET ADDRE	cc		
Sans A		Id.	P.G		W. Hvat		ES NO		whata	n Rd.	
iner	14. FA	THER'S NAME		WIDDLE	T. C. L.		15. MOTHER'S MAIDEN NA	ME			
war.		James			allace	3.534	Martha	MIDDE	t.	Johns	on
Q .		VAS DECEASED	EVER IN U.S. AR		166. SOCIAL SECU	IRITY NO.	17 INFORMANT	AD	DRESS		
med	(Y	yes, no or unknow N O	(IF YES, GIVE	WAR OR DATES	578-36-	3510	Claiborne	Sellers	-Same	as #1	3 abo
the		LE CAUSE OF	DEATH Enter Do	ly one cause per	line far (a), (b), and	dicti .	1 1				XIMATE INTERV
ar ather traumati		underlying	immediate stating the couse last.	(b)	R AS A CONSEQUE	ENCE OF	1 CALON				
s any injury, ar ather traumati	ICATION	gove rise to cause (a), underlying	simmediate stating the couse last.	DUE TO, O	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR C	20b. IF YI	IVEN IN PART I	INGS USED
naws any injury, or other troumoti	RTIFICATION	gave rise to cause (a), underlying  PART 2. OTHER	immediate stating the cause last.	(b) DUE TO, O	R AS A CONSEQUE  ONTRIBUTING TO E  ITION FOR WHICH	ENCE OF	n was performed	200 AUTOPSY?	20b. IF YI	ES, WERE FIND IFYING CAUSE YES []	INGS USED
iem 18 shaws any injury, ar ather traumation	CAL CERTIFICATION	gave rise to cause (a), underlying  PART 2. OTHER  19a DATE OF O  21a. ACCIDENT W  OR CONTRIBUTING	simmediate stating the couse last.	DUE TO, O  CONDITIONS CO  196 COND  196 COND  196 HOUR A.	R AS A CONSEQUE  ONTRIBUTING TO E  ITION FOR WHICH	DEATH BUT		200 AUTOPSY?	20b. IF YI	ES, WERE FIND IFYING CAUSE YES []	INGS USED S OF DEATH
for Item 18 shaws any injury, or ather troumati		gave rise to cause (a), underlying  PART 2. OTHER  190 DATE OF O  210. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIFY 21d. INJURY OC	immediate stating the couse last.  R SIGNIFICANT ( PERATION  AS UNDERLYING  G CAUSE OF DEA MEDICAL EXAMINER)  CCURRED	(b)	R AS A CONSEQUE  ONTRIBUTING TO E  ITION FOR WHICH  OF INJURY M. MONTH DA  M. OF INJURY	DEATH BUT  OPERATION  AY YEAR  19	n was performed	200 AUTOPSY?  YES NO RED (ENTER NATURE OF	20b. IF YI IN CERT INJURY IN ITEM 18	ES, WERE FIND IFYING CAUSE YES	INGS USED S OF DEATH NO
rked or Ilem 18 shows any injury, or ather traumati	MEDICAL CERTIFICATION	gave rise to cause (a), underlying  PART 2. OTHER  19a DATE OF O  21a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIFY 21d. IN JURY OC	immediate stating the couse last.  R SIGNIFICANT ( PERATION  AS UNDERLYING  G CAUSE OF DEA MEDICAL EXAMINER)	(b)	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH  OF INJURY  M. MONTH DA  M.	DEATH BUT  OPERATION  AY YEAR  19	N WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YI IN CERT INJURY IN ITEM 18	ES, WERE FIND IFYING CAUSE YES []	INGS USED S OF DEATH
z I is marked or Ilem 18 shaws any injury, ar ather traumati		gave rise to cause (a), underlying  PART 2. OTHER  19a DATE OF O  21a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIFY 21d. IN JURY OC WHILE AT WORK  22a. I certify the saw the di-	Dimmediate stating the couse last.  R SIGNIFICANT ( PERATION  AS UNDERLYING GOOD CAUSE OF DEA MEDICAL EXAMINER)  COURRED  NOT WHILE ATTWORK COUNTY CO	DUE TO, O  10)  10)  10)  10)  10)  10)  10)  10	R AS A CONSEQUE  THOM FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, F	DEATH BUT  OPERATION  AY YEAR  19	N WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY?  YES NO RED (ENTER NATURE OF	20b. IF YI IN CERT INJURY IN ITEM 18	ES, WERE FIND IFYING CAUSE YES	INGS USED S OF DEATH NO
tem 21 is marked or llem 18 shaws ony injury, ar ather traumati		gave rise to cause (a), underlying  PART 2. OTHER  19a DATE OF O  21a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIFY 21d. IN JURY OC WHILE AT WORK  22a. I certify the saw the di-	DERATION  AS UNDERLYING CAUSE OF DEA AT WORK  OF (1) (11) A Sopre Cecased alive and we) (did) (did no	DUE TO, O  10)  10)  10)  10)  10)  10)  10)  10	R AS A CONSEQUE  THOM FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, F	DEATH BUT  OPERATION  AY YEAR  19  FARM, ETC.]	21c. HOW INJURY OCCUR	200 AUTOPSY?  YES NO RED (ENTER NATURE OF	20b. IF YI IN CERT INJURY IN ITEM 18	ES, WERE FIND IFYING CAUSE VES	INGS USED S OF DEATH NO
. If Item 21 is marked ar Item 1		gave rise to cause (a), underlying  PART 2. OTHER  19a DATE OF O  21a. ACCIDENT WORK CONTRIBUTING (IF EITHER, NOTIFY 21d. IN JURY OC WHILE AT WORK  22a. I certify the saw the diabave, (I) (	DERATION  AS UNDERLYING CAUSE OF DEA AT WORK  OF (1) (11) A Sopre Cecased alive and we) (did) (did no	DUE TO, O  10)  10)  10)  10)  10)  10)  10)  10	R AS A CONSEQUE  THOM FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, F	DEATH BUT  OPERATION  AY YEAR  19  FARM, ETC.]	211 LOCATION STREET  21 d that in (my) (our) opinion  DEGREE  ATTENDING	200 AUTOPSY?  YES NO CITY OF  CITY OF  death accurred on the	20b. IF YI IN CERT IN CERT IN TEM 18	ES, WERE FIND IFYING CAUSE (ES )  PART 1 OR PART 2)  COUNTY  219  221. DAT	STAI
. If Item 21 is marked ar Item 1		gave rise to cause (a), underlying  PART 2. OTHER  19a DATE OF O  21a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIFY 21d. IN JURY OC WHILE AT WORK  22a. I certify the saw the dispaye, (I) (22b. SIGNATUR)	DERATION  AS UNDERLYING CAUSE OF DEA AT WORK  OF (1) (11) A Sopre Cecased alive and we) (did) (did no	DUE TO, O  LC)  CONDITIONS CO  196 COND  196 COND  196 COND  196 COND  216 TIME CO HOUR A. P. 216 PLACE (AT HOME, STI  tal) attended the strength of the stren	R AS A CONSEQUE  ONTRIBUTING TO E  ITION FOR WHICH  OF INJURY M. MONTH DA  M. OF INJURY  OF INJURY  REET, FACTORY, OFFICE, F  ofter death.	DEATH BUT  OPERATION  AY YEAR  19  FARM, ETC.]	211 LOCATION STREET  21 d that in (my) (our) opinion  DEGREE  ATTENDING	200 AUTOPSY? YES NO CITY OF	20b. IF YI IN CERT IN CERT IN TEM 18	ES, WERE FIND IFYING CAUSE (ES )  PART 1 OR PART 2)  COUNTY  219  221. DAT	STAT
. If Item 21 is marked ar Item 1		gave rise to cause (a), underlying  PART 2. OTHER  190 DATE OF O  21a, ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTHY  21d. INJURY OF OR OBOTH OF OBOTH OF OR OBOTH OF OR OBOTH OF OR OBOTH OF OBJECT OBJECT OF OBJECT OBJECT OBJECT OBJECT OF OBJEC	DEFINITION  AS UNDERLYING  G CAUSE OF DEA  MEDICAL EXAMINER  CCURRED  NOT WHILE  AT WORK  AT	DUE TO, O  DUE TO, O  IC)  CONDITIONS CO  196 COND  196 COND  196 COND  216. TIME CO HOUR A. HOUR A. CATHOME, STI  110 oftended the condition of the condition	R AS A CONSEQUE  ONTRIBUTING TO E  ITION FOR WHICH  OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	DEATH BUT  OPERATION  AY YEAR  19  FARM, ETC.]	211 LOCATION 211 LOCATION STREET  , 19 ad that in (my) (our) Opinian DEGREE  ATTENDING PHYSICIAN [	200 AUTOPSY?  YES NO CITY OF  CITY OF  death accurred on the	20b IF YI IN CERT IN CERT IN CERT IN ITEM 18	COUNTY  1920 and from the county and from the	state of the state
hem 21 is marked ar Item 1	MEDICAL	gave rise to cause (a), underlying  PART 2. OTHER  190 DATE OF O  21a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTHY 21d. INJURY OF AT WORK  22b. I certify the saw the dobave, (I), (1)  22b. SIGNATUR  22d. PHYSICIAN	DESTINE	DUE TO, O  DUE TO, O  IC)  CONDITIONS CO  196 COND  216. TIME O HOUR A. HOUR A. F. 21e PLACE (AT HOME, STI  11) view the body  R PRINT]  An, M. D	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH  OF INJURY M. MONTH DA M.  OF INJURY REET, FACTORY, OFFICE, F  office death.	DEATH BUT  OPERATION  AY YEAR  19  FARM, ETC.]	211 LOCATION 211 LOCATION STREET  21 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [ 22e ADDRESS  831 Univers	200 AUTOPSY?  YES NO CITY OF  CITY OF  death accurred on the	20b IF YI IN CERT IN CERT IN CERT IN ITEM 18	county  19 4  20 and from th  21 and from th  21 and from th	stal  that (I) (we e causes steen
. If Item 21 is marked ar Item 1	WEDICAL WEDICAL	gave rise to cause (a), underlying  PART 2. OTHER  190 DATE OF O  21a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIFY 21d. INJURY OF CAUSE OF CONTRIBUTION (IF EITHER, NOTIFY 22d. I Certify the saw the dispare, (I) (22b. SIGNATUR 22d. PHYSICIAN W.	DEFINITION  AS UNDERLYING  G CAUSE OF DEA  MEDICAL EXAMINER  CCURRED  NOT WHILE  AT WORK  AT	DUE TO, O  DUE TO, O  IC)  CONDITIONS CO  196 COND  216 TIME C HOUR A. P. 216 PLACE (AT HOME, STI  1) view the body  R PRINT!  236. DATE	R AS A CONSEQUE  ONTRIBUTING TO E  ITION FOR WHICH  OF INJURY M. MONTH DA M.  OF INJURY REET, FACTORY, OFFICE, F  office death.	DEATH BUT  OPERATION  AY YEAR  19  FARM, ETC.	211 LOCATION 211 LOCATION STREET  ATTENDING PHYSICIAN [ 22e ADDRESS  831 Univers  EMETERY OR CREMATORY	200 AUTOPSY?  YES NO CITY OF  CITY OF  death accurred on the  MEDICAL PHY  MEDICAL PHY  ity Blvd.  236 LOCATION CITY OF TOWN	20b IF YINCERT IN CERT IN TEM 18 R TOWN  A TOWN  A TOWN  A TOWN  CE TOWN  C	COUNTY  1920 and from the county and from the	state of the state
. If Item 21 is marked ar Item 1	WEDICAL MEDICAL	gave rise to cause (a), underlying  PART 2. OTHER  190 DATE OF O  21a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTEY  21d. INJURY OF OWNIE   22d. I certify the saw the dobave, (I) (1)  22b. SIGNATUR  22d. PHYSICIAN  W. W  BURIAL, CREMAN  SPECIFY)	DESTINATE (TYPE O	DUE TO, O  LC)  CONDITIONS CO  196 COND  196 COND  196 COND  196 COND  196 COND  197 COND  198 C	R AS A CONSEQUE  ONTRIBUTING TO E  ITION FOR WHICH  OF INJURY M. MONTH DA M.  OF INJURY REET, FACTORY, OFFICE, F  office death.	DEATH BUT  OPERATION  AY YEAR  19  FARM, ETC.   ON	211 LOCATION 211 LOCATION STREET  , 19 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [ 22e ADDRESS 831 Univers EMETERY OR CREMATORY	200 AUTOPSY?  YES NO CITY OF  CITY OF  death accurred on the  MEDICAL PHY  MEDICAL PHY  ity Blvd.  236 LOCATION CITY OF TOWN	20b IF YI IN CERT IN C	COUNTY  1921  COUNTY  1921  COUNTY  1921  1922	state

DHMH - 16 50M 7/77 (VR A 15 (4))

1470-074		
Production of the substitute o		
MODIFICATION AND AND AND AND AND AND AND AND AND AN	in to teleproper in	

		1				STATE OF A			
a	1		FOR STATE		DEPARTMENT	OF HEALTH	I AND MENTAL H	YGIENE	
9			REGISTRAR	ME	DICAL EXA	MINER'S	CERTIFICATE O	F DEATH REG. NO	9-11/450
		1. DE	CEASED NAME FIRST	1	MIDDLE		LAST	20. DATE KNOWN TO	
ш	~	(JAb	E OR PRINT)	wile. F	7,20 he.	MA	115N	OF ESTI-	
AS	S S S S S S S S S S S S S S S S S S S	2 CEV	LA DAGE	5. DATE OF BIRTH		// //	10501110		07 7 19 / M
199	STR	131	mel. White.	MONTH DAY	YEAR LAST	(IN YEARS IF UN	DER 1 YR. IF UNDER		MONTH DAY YEAR 7 H3US
RY	828 B	17	male while	10-8-	78 10	VRS.	7,00,00	PRONOUNCED 3	- 5 1079110 M
ESSARY	Z L NEG C	7a B1	RTHPLACE (STATE OR	76 CITIZEN OF W	HAT COUNTRY?	B	IEO CINEVED WARRIE	9 RAITIMORE CITY O	RCOUNTY OF DEATH
4	型のを置うつ	E	Prist - IVVA	114	A	WIDOW	IED NEVER MARRIE	- 1 Mina CA /	Lenson
Ž	2, AND 3 TO THE FUNERAL DIRECTOR. 1.3. RETAIN PAGE 5 FOR YOUR FILES. 2. SHOULD BE FILED, WITHIN 72 HOURS. AL RECORDS; 301 W. PRESTON STREET,	10 CI	TY OR TOWN OF DEATH	EL-NAME OF HO	EDITAL BOLDBURDS				OF WORK 112h. KIND OF BUSINESS
>	まるとう クル	121	selectle.	/ NOT HAUSHIN		essi ff	* [h- 1]	USUAL OCCUPATION (TYPE	OR INDUSTRY
ELA	See		E 0.08 PG	much	enger (76	n- 142	P. (DOA)	HOUSE WIFE	
_ ^	A AIN	USUA 13a. S	L RESIDENCE (IF IN HURSING HOME IT TATE 13b. COUN		WE RESIDENCE SEPONE A	DMISSISHS	has more againment		
21201 F ANY	S E C C E E	130. 3	AA D.		HILLERES	t Hahts	13d INSIDE CITY LIMITS?	13. STREET ADDRESS 3529- DUNLA	net
- 53	SH SH	1/ 5/	THER'S NAME		VIILLENE	1 /19/1/3		4511 5011	~ 3/
₹ 1	~ 2 ^ =/	19. 62	FIRST	MIDDLE	1-1 JAST		15. MOTHER'S MAIDE	NAME	- Wita
KE, I	A P P P P P P P P P P P P P P P P P P P		7	R. /	1644130	CV.	MAKI	ETTA	SHARP
ER Ö	FORM FORM ON OF	16a. V	AS DECEASED EVER IN U.S. ARA	MED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRESS	
TIA	SIOS	,,,	ND	WAR OR DATES)	230-10-	0050 A	MARRATH	TAMILA 35%	LREST HARTS MA
BAL	PACI		IR CAUSE OF DEATH (F.A				MIKSIJIIK	JIMINI HILL	
	V ITEM 18 ALONG V T PERMIT. YGIENE, D AL.		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	y one couse per line	ter (o), (b), and (c	P. I	oorded Va	111	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Z Z	TEM LONG PERM SIENE	2.0	I A CO MAMEDIAT		73.760 16	ursne	voracora	sector acre	1
0 Z	A P P P P P P P P P P P P P P P P P P P	125	4272	DUE TO, OR	AS A CONSEQUE	NCE OF		Asset In the State of the	
THE SES	N N N N N N N N N N N N N N N N N N N		Conditions, if ony, which						
₹ 3	E A A B C		gave rise to immediate cause (a) stating the under-	(b)	AS A CONSTONE	100.00			
1 ×	N PENCIL I EXAMINER HAL-TRANS MENTAL I OR REMOV	10.0	lying cause lost.	DUE TO, OR	AS A CONSEQUE	NCE OF			
BIVISION OF VITAL RECORDS, 301 W. PRESTON ST.,	"PENDING" IN PENCIL IN ITEM I IEF MEDICAL EXAMINER ALONG SED AS A BURIALTRANSIT PERMIT HEALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.			(c)					
DS,	A B B C C		PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	E TERMINAL DISEASI	OR CONDITION GIVEN IN PART	[ ] (a).	
S S	MEDIC MEDIC AS A B ALTH A EMATIO	CERTIFICATION	Emacial	ion, d	ceapin	65 Acc	2015		
RE SE	READ A	ATI	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH				28 AUTOPSY?
AL NO	OTSE:	FIC				0.500,000	NOTERI ORMED.		ZB. AUTOPST?
N S	E WORD THE CHII TO BE US WENT OF BURIAL,	RTII							YES NO
N OF V	VEO AB		210 EXTERNAL CAUSE WAS	21b. TIME OF		YEAR 21c. HC	DW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 18 P.	ART 1 OR PART 2)
N N	CONTRO	V	CONTRIBUTING CAUSE OF D			9			
ISIC	OR A P	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY (AT HO		CATION		
DIV S CE	E 3 E D B	W	WHILE NOT WHILE C	STREET, FAC	FORY, FARM, ETC.)		TREET	CITY OR TOWN	COUNTY STATE
H.	TE, WRITING THE WORR DRWARDED TO THE CI R: PAGE 3 SHOULD BE LE E STATE DEPARTMENT O C. 21201 PRIOR TO BURIAL	20	AT WORK AT WORK						
oc i	S SI		22a. I certify that I took charg	e of the remains de-	ribed above held	an Autop	sy , Inspection	Inquiry and	in my opinion
XAMINER	Z Z Z E S								п ту ортон
3	IREC IREC WITH RRYLA	-9.	deoth resulted from: Notur	al causes :	Accident .	Suicide	"Homicide 🔲 /	Undetermined monner,	
X	DIR DIR DIR WIT	100	ACTUAL THE	11/18	religible a	/	ME (SPECIFY)		2-5 70
¥	H P H P H	/	SIGNATURE / 29/00	141.	207/	MM	Maper	MEDICAL EXAMINER	DATE SIGNED 3 - 3 - 14
S	SEA SEA		W	12D	266.01		1/ 1/22	Airlas A	
MEDI	S S S S S	ing)	TYPE OR PRINT	STOPE	anell	- 402	ADDRESS 12800	Willow Wine C.	1 126c, 162/2/10)
0	EXECUTE THE CI PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTMORE, MA	23a BI	IRIAL, CREMATION, REMOVAL 2	3h DATE	Iss. NAME O		R CREMATORY	23d LOCATION THE	
18000		(5)		3-8-79	ZJC. NAME O	GROVE		CITY OR TOWN	COUNTY
BI	P	04.5	17 11/11	3 11	M/	UKOUR	111	WAKM SPR	INGS VA.
	DHMH - 17	24. FL	NERAL DIRECTOR	ADDRESS	1 -		250. DATE AL	C.D. BY REGISTRAR CYST REGIS	TRANS SIGNATURE
	15M 7/77	1	H. MCLAUGh)	N H	of SpRi	NGS	VA	10 1013	7
ATTION COLD			1100		1 - 1	1			

00110-01 MEDICAL SERVICE STREET There to Burgare so Gat the per 1998 I recomme Commence of the Land of the Commence of the Co the state of the said of the state of the st 7-6-70 and the second s THE STATE OF THE PARTY OF THE P

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-07452

		REGISTRAR							REG. N	0.			
		EASED NAME	FIRST		WIDDLE		AST		a. DATE OF DEATH	HTMOM	DAY YEAR	2b HOUR	
	,	J. (1)	GEORGE		W.	AN	DRE, JR.			03-2	28-79	5:05	AN
1	3. SEX		Wall of the	4 RACE		5. DATE C			AGE (IN YEARS LAST BIR	HDAY)	IF UNDER 1 YEAR	F UNDER 2	
		male		whit	e	Ma	v 17. 9000		78	YRS.	MONTHS DAYS	HOURS	MIN.
		RTHPLACE ISTATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTR	RY? 8	NEVER MARRIE	9	BALTIMORE CITY	R COUNT	Y OF DEATH	N. Je	
7	CO	Washing	ton D C	US	A	WIDOWE			PRINCE GE	ORGE !	S		MD
,	10. CIT	Y OR TOWN OF	DEATH				ROTHER INSTITUTIO		28 USUAL OCCUPAT		126 KIND O INDUŞTRY	FBUSINES	SOR
4	(	CHEVERLY	-	PRINCE	GEORGE	S GENE	RAL HOSPIT	TAL	Retired o	perat	or WS	SC	
6	USUA 13a S		13b COUN	TY	13c CITY OR TO	NWC	13d. INSIDE CITY LIM	AITS?	3e STREET ADDRESS			100	
2		Md	Pro G	eorges	Hyatts	ville	YES NO			35th	place		
1	I4 FA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAID		MIDDLE		LAST	ı	
7		Georg			r			ra	Milstead				
		AS DECEASED E		WED FORCES? WAR OR DATES)			17 INFORMANT		ADDR				
		No			578 0	5 1770	Thelma	W An	dre Hyat	tsvil	le, Md		
		18. CAUSE OF D	EATH (Enter on	y one couse of	File for (0), (by	ond id	1 12-				BETWEEN C	MATE INTERV	EATH
		PARTI, DEAT	H WAS CAUSE	E CAUSE (o)	eres	101 11	mounte	1111			30	Loy	7
		250		DUF TO	QR AS A CONSE	DUENCE OF)		-	10 11	5			
ч		Conditions, if	ony, which	( 1b)_	Deriore	100	104121	de	Coult !	1000	24	Ca	1
3		gove rise to		DUETO	DRAS A CONSE	THEN COLOE	1/2/	1 1			1 4		- 1
	18.3		ouse lost	(6)	Dial	Le SIN	Micke	exu	1		4	ear	7
		PART 2. OTHER :	SIGNIFICANT	PNDITIONS			NOT RELATED TO TH	IE TERMIN	IAL DISEASE OR CON	DITIONG	IVEN IN PARTI	1	
	NO.		199	no	FU	Bull	aser	4	- Althre	We	w		
2	CERTIFICATION	190 DATE OF OP	ERATION	196 CONI	DITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	PS I	20a. AUTORSYP		S, WERE FINDIN		
7	TIF								YES NO		ES [	NO [	11
3	E.	21a. ACCIDENT WA		I HOUR !	OF INJURY A.M. MONTH	DAY VEAD	21c. HOW INJURY C	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)		74.1
1	AL	OR CONTRIBUTING		10	P.M.	19	17 16 1 18 1						
	MEDICAL	21d INJURY OCC		21e. PLACE	OF INJURY		21f. LOCATION		CITY OR TO	A/b1	COUNTY	STA	75
	¥	WHILE AT WORK	OT WHILE	(ATHOME, S	TREET, FACTORY, OFFI	CE, FARM, ETC.)	SINCE		CITTOR TO	***	000111	316	16
	767	22a.1 certify tho	t (I) (this hospi	of) ottended	he deceased fro	m	Deck. 19.	VO	, to 3	7	19 79	that (I) (w	e) lost
			cosed olive on	2/-	28 19	29 or	nd that in (my) (our) a	pinion de	oth occurred on the d	ote and ha	our and from the	couses stot	red
	30	226. SIGNATURE	rel (did) (did no	n view the bod	y after deoth.	_	DEGREE		/		22c. DATE	SIGNED	
			10	100	IM.	1	ATTEND	DING S	MEDICAL STA	FF	3.	28.	19
	18.3	774 PHYSICIAN	5 NAME ITYPE	model	V	-	22e. ADDRESS	CIAIT E	DIRECTOR 1 FITTS	- IAIT C			/
1	N	OHANN	NES SAH	KIAN.M	.D.	1	6001 LAN	DOVE	R ROAD, CH	EVERL	Y. MD.		
	23a. B	URIAL CREMATI				3c. NAME OF C	EMETERY OR CREMA		23d LOCATION	77.11			
	(5	Buria		Mar 3	1, 1979	Cedar	Will Cemet	ery	Suitlan	d Pro	Georges	Md STAT	E
	24 FL	INICOAL DIDECTO		2					REC'D. BY REGISTRAR				
		ALLES I I	sch!s	ons P	A Hyati	tsville		ΔPR		0.1	hand	-	
			The second		7		4	STR.	// 14/4	The state of the s	THAT COT US A A		

TO THE COURSE THE LEGISTER TO SHE WITHOUT THE COURSE THE LEGISTER AND THE LEGISTE

in 7 , 1779 Comb. Sill Money of Califold For Level Miles

. Not put the state of the part of the par

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 7b. HOUR OF ESTI-IF UNDER 24 HR DATE PRONOUNCED DEAD To BIRTHPLACE (STATE OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) South Carolina WIDOWED DIVORCED KIND OF BUSINESS OR INDUSTRY 136 COUNTY 13d. INSIDE CITY LIMITS? YES . 15. MOTHER'S MAIDEN NAME MIDDLE Charles R. Ora Lee Lipsey Armstrong Sr OF 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESST. Glendale, Md. 166. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) 577-76-1245 Charles R. Armstrong Sr. 12409 Sir Lancelo 18. CAUSE OF DEATH (Enter only one cause per line to (a), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES [] 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 216 LOCATION AT WORK AT WHILE MCTORY, FARM, ETC. TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213 220. I certify that I took charge of the remains described above, held an Suicide M death resulted fram: Natural causes Accident Hamicide Undetermined manner EXAMINER'S NAM TYPE OR PRINT ADDRES 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial 13 Mar Harmony Memorial Landover Maryland DHMH-17 20M 1/73 24. FUNERAL DIRECTOR ADDRESS Washington, D. C. 25e. DATE REC'D. BY REGISTRAR 256 SEGISTRAR'S SIGNATURE (VR A15 ME (5)) Ernest Jarvis Co., Inc. 1432 YouuSt., N.W.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH L DECEASED NAME MONTH (TYPE OR PRINT) ARTHUR CHARLES BACHMANN 14 1979 MARCH 915P M 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTH DAY YEAR DAYS HOURS MALE WHITTE 1912 APRIL 9 66 YRS To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED MARYLAND USA DIVORCED T WIDOWED PRINCE GEORGES COINTY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY ANDREWS AFB MALCOLM GROW USAF MEDCEN USMC MUSICIAN JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS pla 2905 TREMONT AVE MARYLAND PG CHEVERLY YES X NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE MAXIMITITAN EMMA ALBINI (D) BACHMANN ADDRESS W. PRESTON ST., BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) TTEM #13 YES WW11 Korea 215-38-9392 MRS C BACHMANN SEE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIO REST IMMEDIATE CAUSE (0)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which METASTATIC SQUAMOUS gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF OF LUNK underlying cause lost. CARCINOMA 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? à d IN CERTIFYING CAUSES OF DEATH? be NOXX YES [ NO F Hygi 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21h TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR burial-tr OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M MEDI 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE MARCH 220 1 certify that (h (this hospital) attended the deceased from 4 MARCH 14 MARCH and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated the body ofter death DEGREE 22c. DATE SIGNED 0 ATTENDING + MEDICAL be deta PHYSICIAN DIRECTOR PHYSICIAN NAME ITHE OFFERS 77e ADDRESS ld b IMPORT, MICHAEL DANIELS, CAPT, USAF, MC MALCOLM GORW USAF MEDCEN ANDREWS AFB MD 231 NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION 230. BURIAL, CREMATION, REMOVAL Burial Suitland P.G. Md. Cedar Hill Cemetery 24 FUNERADIRECTOF Uneral Home Incus DHMH - 16 50M 7/77 (VRA 15(4)) 6633 Old Alexander Ferry Rd. Clinton.

79-07154 STRUCK TO SELECT THE STRUCK OF THE SELECT THE SELECT STRUCK STAND AL MARKAGE STEINGER ON CHARTY AND A SHEET LONGE Lordel 3/17/79 Coder Hill Courter Faith ad Lt. Ed. Tor I marel house Inc.

Silver Spring

20904

Md.

11800 New Hampshire Ave.,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

(VRA 15 (4))

79-07455

C C # Y 0 - 2 Y				
03 21 79 1945	183GI	.1	JJEMA	(4)
94	ept. 16 1910	62.1	iv.	Female
PRINCE GEORGE'S COUNTY			ARC	7-1
) ouserile	JATISCH LASEK			
	adius			
Rt. 11 Nox 65A re Port Deposit Mi 21906	osi adstal 04	577-4()-0,5		0%
thi alveosuellet <sup>e 1</sup> 0 15 <sup>H</sup>	01	Perend Per	il Danis	Burial Hinos/ 11800 New H

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-07457 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20. DATE KNOWN K) (TYPE OR PRINT) OF ESTI-William 3 1979 A. Booker 6. AGE (IN YEARS IF UNDER 1 YR. 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS SEX DATE LAST BIRTHDAY) PRONOUNCED 179 male negro 7-26-1926 52 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH Ja BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Prince George's Maryland USA DIVORCED WIDOWED 12g USUAL OCCUPATION STYPE OF WORK 126. KIND OF BUSINESS ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Prince George's Gen. Hosp. Cheverly Laborer USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS THIS COUNTY 13c CITY OR TOWN 305 N. Schroeder Street Maryland Baltimore NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST Booker Maude Harper George 7. INFORMANT **ADDRESS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 217-22-7736 Mary R. Booker 305 N. Schroeder St. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Blunt injury to head IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED USED OF HE L, CREA 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ORWARDED TO THE CHIE R: PAGE 3 SHOULD BE USE E STATE DEPARTMENT OF 1 YES X NO | 218. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXXXAONTH DAY YEAR 3 P.M. 3-7- 19 UNDERLYING TO OR Pinned between truck bed & swinging tank MEDICAL CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21e. PLACE OF INJURY LATHOME. 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) 6400 Rhode Island Ave.-Riverdale-P.G. WHILE WHILE AT WORK AT WORK Md. property of GCUTE THE CERTIFICATE,
AGE 4 SHOULD BE FORM
OF FUNERAL DIRECTOR: P
FTER DEATH, WITH THE SI
ALTIMORE, MARPIAND, 21 X 22s. I certify that I took charge of the remains described above, held on Autopsy . Inspection Inquiry and in my opinion Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 3-8-79 SIGNATURE Virginia L. Dolan, M.D. EXAMINER'S NAME 111 Penn St. (TYPE OR PRINT) PAG TO I 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL Baltimore Burial Westview Mem. Park RP **DHMH-17** 319 N. Schroeder Street (VR A15 ME (5)) 15M 7/76

## FOR

ner must be notified at once

injury, ar other traumatic event, the medicolexami

IMPORTANT: If them 21 is morked or them 18 shows ony

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	0		n	7	4	5	8
 1	3	-	U			9	-

	1 -	REGISTRAR				CERTIF	ICATE OF I	DEATH	REG. N	10/9	- 114	30	
		CEASED NAME	FIRST		AIDDLE		AST		20. DATE OF DEATH	HTMOM	DAY YEAR	26 HOUR	
	(IIIe		ILLIA	M M		BOYD				03-	18-1979	8.00F	o.M
	3. SEX	Male		4 RACE Blac	ck	5. DATE O		Ϋ́Γο	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 I	
3		RTHPLACE ISTATE OR FO			WHAT COUNTRY?	MARRIE WIDOWE	_	MARRIED	9 BALTIMORE CITY		TY OF DEATH		MD.
4	(	TY OR TOWN OF DEA		PRINCE	OSPITAL, NURSIN H FACILITY, GIVE STREET A GEORGE S	GENE		SPITAL	The USUAL OCCUPATE OF WORK FOR MOST		12b. KIND O INDUSTRY	F BUSINESS	OR
5	13a S		13b COUN Di	1TY	GIVE RESIDENCE BEFORE 13c CITY OR TOWN Heights	V DA	13d INSIDE C	NO 🗌	13e STREET ADDRESS 1890 Add:	ison	Road S	outh	
06	14 FA	unknown		MIDDLE	LAST			S MAIDEN NAME ELLA E	Boyd		LAS	ī	
1	16a W	VAS DECEASED EVER (ES. NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	224 16		Elea		yd-wife-	100			
		18. CAUSE OF DEATH W  PART I. DEATH W  Conditions, if any, gave rise to imm cause iol, statin underlying cause	which mediate g the	DBY. TE CAUSE (o)  DUE TO, Of	line for (a), (b), onc  R AS A CONSEOUE	NCE OF	ortele	Cancer	, stage D		BETWEEN	nos.	ATH
0	CERTIFICATION	PART 2. OTHER SIGN 190. DATE OF OPERAT			TION FOR WHICH			43.0	INAL DISEASE OR CON	20b. IF Y	ES, WERE FINDIN	4GS USED	
1	RTIFI						In house		YES NO	1	YES [	NO [	
7	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR			RED (ENTER NATURE OF INJU	RY IN ITEM 18	I, PART I OR PART 2)		
	MED	WHILE NOT WE AT WORK	HILE D		EET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET		CITY OR TO	wn 1 8	COUNTY	STATE	
		220.1 certify that (1) sow the decease above, (1) (we) (a	ed alive on	3	- 18 19			(our) opinion o	deoth accurred on the c	late and ho	our and fram the		
		226. SIGNATURE	-4	in Ge	eug HS			PHYSICIAN Z	MEDICAL STA	FF CIAN [	22c. DATE	SIGNED	
1		tai-Yiu	Y Clin	R PRINT)	0			Below	t Rd #46	o Kyo	ettsville	1020	782
	(5	Burial (REMATION)	REMOVAL	3/23 3/23	111		ngton	Natio			county ad, Mary		
	24. FL	ineral director	iner a	al Home	-4001 B	enni	ng Ro	5   1	REC'D. BY REGISTRAN	25b. REGIS	try hel	URE Pready	

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral directions and the should be detacted for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hour with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. retained by the hospital or attending physician. DHMH - 16 50M7/77 (VR A 15 (4))

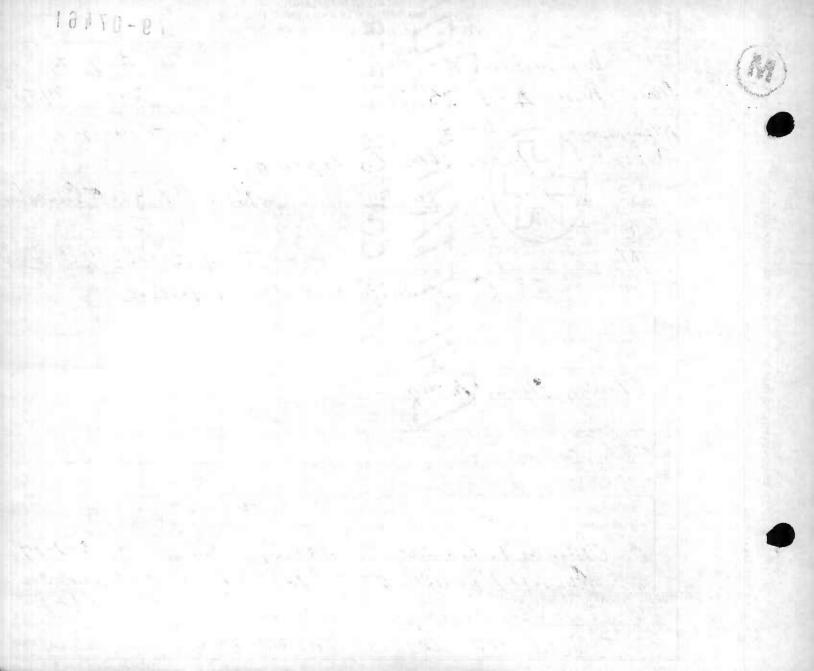
TO HOSPITAL OR ATTENDING PHYSICIAN: The low

86470-87			
03-18-1979 0.09	GYC	M. PAL	UN
	85 BS 1 2	pleats.	
		420	. Lizgin
TOTAL DESIGNATION	LATING HELLINE	PRINCE GEORGE'S G	CHEVERLY
Annual Anna motificati	14.11	and the Hotel of the Paris	
	mus mild		avoistat
on melicible cont-si	i especial comesti e d	204 15 6	

1970	( 1'57 <u>1</u> .	mediana	• 1	ຕະລາ	izī
	TP.	August 29,1921	.; t.		stone
	Prince Goor		0.8.0		1111111
		A Light sale in			e or all least
			La Page		
A CHEST					

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST . DECEASED NAME 20. DATE KNOWN X 7b HOUR (TYPE OR PRINT) OF ESTI-1079 CECILIO LINA BRAVO 3 DEATH MATED 6. AGE (IN YEARS | IF UNDER 1 YR. YEAR 4. RACE DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE DAY LAST BIRTHDAY PRONOUNCED 1979 male Mexican DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Prince George's WIDOWED [ DIVORCED [ ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Prince George's General Hospital Cheverly USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 130. STATE 113b COUNTY 113c CITY OR TOWN YES [ NO F 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) APPROXIMALE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio-cerebral injury with fracture of neck IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES XX NO 71a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AXX MONTH DAY YEAR UNDERLYING AOR CONTRIBUTING CAUSE OF DEATH : 56 P.M. 3-29-1979 Pedestrian struck by auto. 216. PLACE OF INJURY (AT HOME. 71E LOCATION 21d. INJURY OCCURRED street, Factory, Farm, etc.) Prince George's Md. WHILE AT WORK 22a. I certify that I toak charge of the remains described above, held an Inspection Inquiry and in my opinion Hamicide Undetermined manner death resulted from: Natural causes TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 3-30-79 SIGNATURE Ann M. Dixon, M.D. 111 Penn St. EXAMINER'S NAME TYPE OR PRINT ADDRESS 236 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY G GRAG 256. RE **DHMH-17** ADDRESS NAME (VR A15 ME (5)) 15M 7/76

	1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	07161
1	1.	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01401
		CEASED NAME . FIRST	MIDDLE LAST 20. DATE KNOWN AND MO	NTH DAY YEAR 26 HOUR
FT 85 FT .	(TY	PE OR PRINT) William	Francis BROOKS OF ESTI-	-7 1079 M
AARY, VE. A DIRECTOR TILE N 72 HOU TON STRE	14	Tale Black	5. DATE OF BIRTH  MONTH DAY  VEAR  LASE BEHDAY)  MONTHS DAYS  HOURS  MIN  PRONOUNCED  DEAD  ONE  OF BIRTH  MONTHS DAYS  PRONOUNCED  DEAD	TH DAY YAR 2d.HOYE
ECESSARY INFRAL DIR FOR YOUR WITHIN 72 PRESTON	7a. B	IRTHPLACE (STATE OR DEGIN COUNTRY)	78. CITIZEN OF WHAT COUNTRY?  8. MARRIED   NEVER MARRIED   9. BATTIMORE CITY OR CO	2
THE STA	10 6	TY OF TOWN OF DEATH	11. SAME OF HOSPIT UISING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WILL FOR MOST OF WORKING LIFE)	TAIL.
	LIST	AL RESIDENCE (IN IN NURSING HOME OF	COTHER INSTITUTION, INVERESIDENCE BEFORE ADMISSION)	
21201 IF ANY DE IR AND 3 T SHOULD B SHOULD B	[ 13a. S		Geo. Tupper Man. 13d. INSIDE CITY LIMITS? - 13e STREET ADDRESS 35	05 Grown Kon
MO STH.	14. F	TONN F. E	AMIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST LOUISE MODIE TEG	LAST
IN ON	160.	WAS DECEASED EVER IN U.S. ARM (ES, NO. DRUMNOWN) (IF YES, GIVE V	NED FORCES? VAR OR DATES)  160. SOCIAL SECURITY NO. 17. INFORMANT  FIRE 5 + A Brook	Boy 3499
		18. CAUSE OF DEATH (Enter only	one couse per ne for (o), (b), and (c).) ~	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST. ST.		PART I DEATH WAS CAUSED IMMEDIATE	ECAUSE ON TENES ELEPTRE Control Vosiller dislane	BETWEEN ONSET AND DEATH
ZZ Y E F F		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	
> > > > Z & S &		gove rise to immediate couse (a) stating the under-	(b) DUE TO, OR AS A CONSEQUENCE OF	
□ □ X X X X X		lying couse lost.	(c)	
AL RECORDS, 30  JOULD BE EXECUT PENDING, IN PREDICAL E. FISED AS A BURIL FISED AS A BURIL FISED AS A BURIL CREMATION, O	NO	PART 2 OTNER SIGNIFICANT CONDITIONS CO	DITRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). The nel my	
TAL REC HOULD RD "PEN CHIEF A USED OF HEA	CATI	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	28. AUTOPSY?
	RTIF	21a EXTERNAL CAUSE WAS	ON THE OF HUNDY	YES NO
P ATE OF	MEDICAL CERTIFICATION	UNDERLYING OR	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR EATH P.M. 19	OR PART 2)
S OF SUPE	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  21l. LOCATION STREET CITY OR TOWN	COUNTY STATE
INER: THIS ICATE, WR ICAR, WR FORWAR TOR: PAGI			of the remains described above, held on Autopsy . Inspection . Inquiry . and in m	y opinion
A LAN LAN LAN LAN LAN LAN LAN LAN LAN LA		death resulted from: Natura	ol coures , Accident , Suicide , Homicide , Undetermined monner ,	
AL EXAMI HE CERTIFI HOULD BE HOULD BE AL DIRECT ITH, WITH		ACTUAL SIGNATURE TELESCOSE	M.D. SPECIFY MEDICAL EXAMINER SI	ATE 3-7-79
TO MEDICAL E EXECUTE THE O PAGE 4 SHOU A FO FUNERAL E AFTER DEATH, BALTIMORE, MA	4	EXAMINER'S NAME OF THE CARE	TO PRODEILUGZ ADDRESS/2 TOO WINSON WING THE	Tantalla
PAG PAG PAG PAG	23a. E	URIAL, CREMATION, REMOVAL 23		6.62 ml.
DHMH-17 20M 1/73	24. F	UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 25b. REGISTRA	2'S SIGNATURE
(VR A15 ME (5))		Martell ald	amo aquasco, Mad MAR 1 3 1979 frita	y Mc Creody



18-07462

15M 7/76

60170-81

The state of the s

11	STATE OF MARYLAND	
12	1 - STATE  DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
1	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0/464
(0.0)	I. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN CHONTH	DAY YEAR 2b. HOUR
1201	(TYPE OR PRINT)	20. HOUR
200	Thomas Josuph BUCKLERS, DEATH MATED = 3-1	19/9 M
FIG. 1	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH  MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS I MIN PRONOLUNCED	DAY YEAR 2d HOUR
ARY, P 11 DIRE: YOUR N 72 H	Mace white 1-22-20 59 yrs. MONTHS DAYS HOURS MIN PRONOUNCED 3-17	70 100
STA	Th. BIRTHPLACE INVALOR TO PRODUCE OF WHAT COUNTRY?	YOFDEATH
ECESS UNERA FOR WITHIN	MARRIED NEVER MARRIED	
7 ⊃ 10 > .	Maryland (C. J. H. WIDOWED   DIVORCED   MINEL (JEN4)	MD.
THE P	II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  [JE NOT IN SUCH FACILITY, GIVE STREET ADDRESS]  [JE NOT IN SUCH FACILITY, GIVE STREET ADDRESS]	OR INDUSTRY
300	tonesty // Silve Trail and Jane	Railmad
0 - 7 m 0 -	USUAL RESIDENCE (# IN NURSING HOME OR OTHER INSUTUTION, GIVE RESPENCE BEFORE ADMISSION)	nain vace
21201 IF ANY DE IN RETAIN SHOULD B	136 JUNE 1 136 SURVEY AND THE STREET ADDRESS	/
" IN	Wary land Prince Jeorges Forestville, YES NO 1 8105 Dogwood	lane.
A H. D.	14 ATHERS NAME 15. MOTHER'S MAIDEN NAME	0
DEATH DEATH DEATH M PM AND 2 DF VIITA	James A. Buckler Canes E.	(Inov
MORE TER DE PAGE FORM SS 1 AN	160. WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	They all
ATTER PARTIES 1	(YES, MB. OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	15 Legwood La
BALTIMORE, URS AFTER DE 3. GIVE PAGE WITH FORM DIVISION OF	Yes WWI 119-01-3003 Margaret E. Duckler Fo	restrille not
WILL AND A BALT WILLS A B. GIV WITH WITH DIVISI	18. CAUSE OF DEATH (Enter only one cause of line for (o), (b), and (c).)	APPROXIMATE INTERVAL
	PARTIDEATH WAS CAUSED BY: The fire Contractor Selection Aged Dueseled	BETWEEN ONSET AND DEATH
Z 4m0mm		4-74-
ESTOI HIN 2 IN IT IN IT SIT PE HYGI	DUE TO, OR AS A CONSEQUENCE OF	DOMESTIC OF
W. PRESI D WITHIN ENCIL IN AMINER . TRANSIT ENTAL HY REMOVA	Canditions, if any, which gave rise to immediate (b)	
* NA SELVE	couse (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF	
- Faxaxa	lying cause last.	
AL RECORDS, IOUID BE EXE IOUID BE EXE IOUID BE EXE IOUID BE IOUID	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
AS A	60	
NI REGION OULD SED SED SED CREE	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
ITALR HOUL CHIEF USEC OF HI	SE	VEC [ 110 [
DIVISION OF VITAL S CERTIFICATE SHOIN RITING THE WORD RED TO THE CHIE SE 3 SHOULD BE US I PRIOR TO BURIAL, ()	190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS  210. TIME OF INJURY HOUR AM MONTH DAY YEAR  211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR	YES NO
P E V TH TH WE	UNDERLYING OR HOUR A.M. MONTH DAY YEAR	11 2
N FE COL	CONTRIBUTING CAUSE OF DEATH P.M. 19	
NO SERVICE SER	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. NOT WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COU	
DIVIS  WRITING	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COU	JNTY STATE
DI TE, WRI DRWARD PRAGE : PAGE	AT WORK AT WORK	
	22s. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my op	inian
EXAMINER CERTIFICAT JUD BE FO DIRECTOR: WITH THE ARYLAND, 3	death resulted fram: Natural coures , Accident , Suicide , Hamicide , Undetermined manner ,	
AMII B BE RECT ITH I		
X H H H S S H	ACTUAL (SPECIEY)	2-17/70
A HE HE	SIGNATURE SIGNATURE SIGNED MEDICAL EXAMINER SIGNED	07///
E T S S S S S S S S S S S S S S S S S S	n (b. D)	, 71
W C C C	(TYPE OR PRINT) MIGGESTO P. REDEIGEG 2 ADDRESS VEN WORM NAW CISE	4 Jouleton
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU AFTER DEATH BALTIMORE, M.	230. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION	1127
THE PAR	(SPECIFY)	TY STATE
	Burial 3/21/79 Washington National Cem. Suitland Pr. Geo.	
DHMH-17 20M 1/73 (VR A15 ME (5))	24. FUNERAL DIRECTOR 6160 Oxon Hill Rd. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S S	4 0
(TR ATO ME (O))	George P. Kalas Funeral Home Oxon Hill, Md. MAK 20 1919 First	rey /Kalroody
	0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

4339 Hunt Pl. D.C. MAR

79-07465

79

INDUSTRY

Smith

COUNTY

DAY5

HOUR5

126. KIND OF BUSINESS OR

NO [

STATE

STATE

IF UNDER I YEAR

REG NO

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

REGISTRAR

- STATE

79-07465

etiusecon . Di , Jusasell decl . J. norsyl (CCV. No. Jusasell feet naryl od frace Caprag Lobs Library . Sect Dictant, Forday Cord C. Benen, Br. - Samman of the State of the St mediate from Love handward plantalus transcas . ASM afconta PCVI-PG-(C

in white real till . millerifer' .col somic surface

e de la companya de l

cided. Leedin

TATE Character Lyn. H. H. S. P. J. P. S. P

and the terminal transfer and

	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		79-07	46	7
		CEASED NAME OR PRINT)	FIRST		MIDDLE	1	AST	REG. N 20 DATE OF DEATH		YEAR 2b	HOUR
100			Leo		Α.	Car	rpenter		3/7/7	1 1	0:15ar
	3. SEX	(	4.	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER		UNDER 24 HRS
10		Male		Whit	e	7-	4-1929 YEAR	49	YRS.	DAYS	DURS MIN.
once.	7a. Bil	RIHPLACE (STATE OR FOR DUNTRY) Va.	EIGN 7b	CITIZEN OF U.S	what country? $\mathbf{A}$ .	MARRIE WIDOWE	NEVER MARRIED	9. BALTIMORE CITY C		ATH	MD
00		ty or town of DEAT  llege Par		I. NAME OF I	HOSPITAL, NURSII	NG HOME	P OTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Bldg. St	F WORKING LIFE) IND	USTRY	JSINESS OR
25	USUA 13a. S	L RESIDENCE (IF NURSIN TATE )	G HOME OR OT 3b COUNTY Pr. G	THER INSTITUTION		RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	36thAve.		
10		THER'S NAME FIRST August	MID	DLE	Carpent		15. MOTHER'S MAIDEN NA FIRST LLC	ille MIDDLE	Jenki	LAST	
e Co	16a. W	AS DECEASED EVER IN		D FORCES?	166 SOCIAL SECT		17 INFORMANT	ADDR	ESS		
	(Y		Kore Kore		579-34	-0373	Nellie M.	Carpenter	same c abov		
9	CERTIFICATION	gove rise to imme couse (o), stoting underlying cause  PART 2 OTHER SIGNI	the lost. FICANT CO	NDITIONS CO		DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON  20a AUTOPSY?  YES \( \text{NO} \)	DITION GIVEN IN P	FINDINGS AUSES OF	
9	- 1	21g. ACCIDENT WAS UNDER		21b. TIME O HOUR A.	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR				
	MEDICAL	(IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE	EXAMINER)	P 21e. PLACE ( (AT HOME, STR		19 FARM, ETC.)	121f LOCATION STREET	CITY OR TO	ww con	NTY	STATE
	Z	AT WORK AT WORK									
in the State Dept. of Realth and PPCRTANT: If Hem 21 is marked	W	WHILE NOT WHILE AT WORK  220.1 certify that (I) (I sow the deceased obove, (I) (we) (dic 22b. SIGNATURE  22d. PHYSICIAN'S NAM DAVID	olive on_	view the body	ofter death.		d that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN 22e. ADDRESS 6525 Belcr	MEDICAL STA	FF CIAN C	om the cous	NED 19
Hem	23a. B	22a.t certify that (I) (t sow the deceased obove, (I) (we) (dic 22b. SIGNATURE	his hospital olive on () (did not) NE (TYPE OR PR	view the body	ofter death. 19	NAME OF C	DEGREE  ATTENDING PHYSICIAN  220. ADDRESS	deoth occurred on the d	FF CIAN   WALLS V	om the cous	NED 19

13.15.6. 

(VR A 15 (4))

86170-6

And Control Controls Controls

in a large to the second of th

The state of the second of

6 €

4 may be

deoth. Poge

executed within 24 hours ofter

that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the haspital or attending physician.

## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MEN

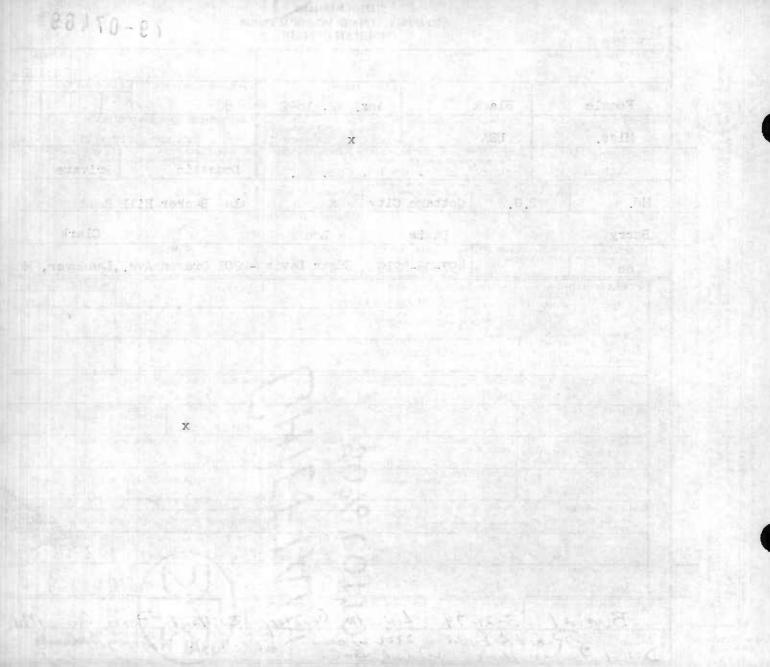
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9-07469	
---------	--

CARTER  ATE OF BIRTH MONTH APT. 2, 1892  ARRIED   NEVER MARRIED   DIVORCED	9. BALTIMORE CITY OR COUNTY O  Prince Geo  170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Dome stic  130. STREET ADDRESS 4142 Bunker Hill	UNDER I YEAR IF UNDER 24 HRS NIHS DAYS HOURS MIN FDEATH  rge's MD. 12b. KIND OF BUSINESS OR INDUSTRY Private  Road
ARRIED NEVER MARRIED NOWED NO NOT NOT NOT NOT NOT NOT NOT NOT NOT	6. AGE (IN YEARS LAST BIRTHDAY)  86  YRS.  9. BALTIMORE CITY OR COUNTY O  Prince Geo  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Domestic  130. STREET ADDRESS 4142 Bunker Hill  ME	UNDER 1 YEAR IF UNDER 24 HRS.  NIHS DAYS HOURS MIN  F DEATH  Tge 'S MD.  12b. KIND OF BUSINESS OR INDUSTRY  Private  Road
ARRIED NEVER MARRIED NOWED NO DIVORCED NO	9. BALTIMORE CITY OR COUNTY O  Prince Geo  170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Domestic  130. STREET ADDRESS 4142 Bunker Hill ME	UNDER 1 YEAR IF UNDER 24 HRS.  NIHS DAYS HOURS MIN  F DEATH  Tge 'S MD.  12b. KIND OF BUSINESS OR INDUSTRY  Private  Road
DIVORCED DIV	Prince Geo  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Domestic  130. STREET ADDRESS 4142 Bunker Hill ME	rge's MD. 12b. KIND OF BUSINESS OR INDUSTRY Private  Road
ty YES NOTHER'S MAIDEN NA/	TYPE OF WORK FOR MOST OF WORKING LIFE)  Domestic  13. STREET ADDRESS 4142 Bunker Hill ME	Private
136 INSIDE CITY LIMITS?  YES NO    15. MOTHER'S MAIDEN NA/ FIRST  LOU	4142 Bunker Hill	LAST
Lou		LAST
NO. 17 INFORMANT		Clark
9 Edgar Davis	-2201 Oregon Ave.	, Landover, Md
OF	1200 AUTOASY? 200 IF YES, V	N IN PART 1(a)  WERE FINDINGS USED NG CAUSES OF DEATH?
21c HOW INJURY OCCURR	YES NO YES YES RED (ENTER NATURE OF INJURY IN ITEM 18, PART	
211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ond that in (my) (our) opinion of DEGREE	death occurred on the date and haur a	that (I) (we) lost and from the couses stated
220. ADDRESS		3-16.78
OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN PRIVE	DUNTY GEO Md
	CANCA  DEF  BUT NOT RELATED TO THE TERM  Led Ly Mplacy  ATION WAS PEDIORMED  211. HOW INJURY OCCUR  EAR  19  211. LOCATION  STREET  212. ADDRESS  622 Belust  OF CEMETERY OF CREMATORY  COLN EAR TERM  19  19  10  10  10  10  10  10  10  10	CANCOL  DE  DE  DE  DE  DE  DE  DE  DE  DE  D

BP\_\_\_\_\_\_ DHMH - 16 50M 7/77 (VR A 15 (4))

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other troumatic event, the medical examiner must be parified at TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fur should be detached for use as the burial-transit permit. Then please remove corban papers. Pages I and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



IRGINIA

FOR

(VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h. HOUR

DAYS

INDUSTRY

17h, KIND OF BUSINESS OR

PALMER

DRYCLEANER

APPROXIMATE INTERVAL METWEEN ONSET AND DEATH

NO [

STATE

IRGINIA

COUNTY

22c DATE SIGNED

11:15A M

HETCHT

IF UNDER 24 HRS

1 - STATE REGISTE	PAD	MEDICAL EXAMI	F HEALTH AND MENTA NER'S CERTIFICATE	OF DEATH	70 07170
1. DECEASED	NAME FIRST	MIDDLE	LAST	20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 28 HOUR
May	4 RACE , S.D.	ATE OF BIRTH ONTH DAY YEAR LAST BIRTH			MONTH DAY YUR 2d HOUR
To BIRTHPLAC	CE (STATE OR 7b. C	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MA	I MAN IMORE CITY OF	COUNTY OF DEATH
	OWN OF DEATH	USA NAME OF HOSPITAL, NURSING HOA (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS	ME, OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	OF WORK 126 KIND OF BUSINESS OR INDUSTRY
Chevery USUAL RESID 130 STATE	ENCE (IF IN NURSING HOME OR OTHE 13b. COUNTY	Prince Georges Ho  BER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS  1134. CITY OR TOWN	SSION)	Chauffeur 13e STREET ADDRESS	British Emby
Maryla 14. FATHER'S	NAME		YES NO	7401 New Hamps	
Ge C	TAGE CEASED EVER IN U.S. ARMED F	Cassie	FIRST	MIDDLE	Rae
Yes, NO, OR	(IF YES, GIVE WAR O	578-05-8 e cause per lipe or (a), (b), and (c).)		prother-in-law Barclay same o	zs 13
PARI 2 G	DIHER SIGNIFICANT CONDITIONS CONTROL  SHE OF OPERATION	(c)  Community of the text of	RMINAL DISEASE DR CONDITION GIVEN I	npartion. 7 disease, Osteo pe	20 AUTOPSY?  YES   NO
NO CONTR	TERNAL CAUSE WAS RLYING OR RIBUTING CAUSE OF DEATI		AR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	
WHILE AT WO	JURY OCCURRED  NOT WHILE  AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
220. death	I certify that I took charge of to resulted from: Notural co	the remains described above, held an oures	Autopsy , Inspec	Undetermined manner .	DATE 3-/1-79
(TYPE C	DR PRINT	ATE 134 NAME OF C	ADDRESS 18	23 Wellow Wind C	wale Vinlather
(SPECIFY)	rial Mar		Creek 250. DA	Washington TE REC'D. BY REGISTRAR 256, REGIST	COUNTY STATE  D. C.  TRAR'S SIGNATURE
500 W	niversity Rlud	I W. Silver Snr.	ina Md	AR 1 3 1979	/

3-61472 Contour Land Things Rentres Hospitals - Configur Liter Howes since Arcti Age 1 12 Maria and American State State and The State Sta the second of th the second to the first of the second The conjugate of the co

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME FIRST 2a DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR MONTHS DAYS HOUR5 7a. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? **9 BALTIMORE CITY OR COUNTY OF DEATH** ISTATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TOWN OF DEATH 12a. USUAL OCCUPATION 12b. RINE OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS INDUSTRY KEDDE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13er STREET ADDRESS 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME. MIDDLE LAST MIDDLE dicol 166 SOCIAL SECURITY NO. ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY D. Vy IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10-BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED 20a AUTOPSY? à ō IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ nd Mentol Hygi 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDIC! 211 LOCATION 21d INJURY OCCURRED ò 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a 1 certify that (I) (this hospital) attended the deceased from saw the deceased alive on. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1) (ye) (did) (did not) view the body after death Dep1 22c DATE SIGNED 22b. SIGNATUR ATTENDING X STAFF / MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 17s ADDRE id b ŧ 0 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE STATE 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 20M (VRA 15, 4) 7/78

79-07474 Less the District of the office of 3/ 15/19 3 m ducille M. Chatel Formula 60 19/97 Perner Creating .A. .. .. stribut Forestrollows Pageney Nucling Health of Cashier BILL Esteut El AND se sandy-wheneve a construction so misa Ladine laria e l'Illant 577-11-4551-4 The 1000 (t 2 100 57 delenion: ENE 20639 ENE JHEA Coccuan, Ocedusion ceedward makes when local book William Function and head Bladeny Committee Williams 3/19/19 erlington at. Cem erlington Virginia ability old a cyander a cruy lid. Elinton, wo.

79-67175 hartt TOTAL BOTTLE ALLES Academic of the Market of the second Burtal \_\_\_\_\_ 3/29/79 Trintey yor. Cardens hallorph Charles . . . Led Pineral Mone Lic.

r must be notifie

STATE OF MARYLA
DEPARTMENT OF HEALTH AND

AND MENTAL HYGIENE

ì	1-	FOR STATE			DEPART		EALTH AND MENT		ENE	79-	074	76	
4	1.050	REGISTRAR	FIRST	41.05	MIDDLE		AST		REG. NO				
3		CEASED NAME OR PRINT)		4.4	MIDDLE	_			20. DATE OF DEATH		79	26 HOUR	ÈD.
8			HOMAS			LOCK				03 08	13	4:43	DP M
	3. SE			4 RACE		5. DATE C		EAR 6	AGE (IN YEARS LAST BIRT		JNDER 1 YEAR	IF UNDER 2	MIN MIN
IJ	35	male		whit	е	Aug			58	YRS	UNS DATS	HOURS	Wild
8		RTHPLACE ISTATE OR F	OREIGN	Th CITIZEN OF	WHAT COUNTRY	8	NEVER MARR	FD [	BALTIMORE CITY O	R COUNTY O	DEATH		
0	CC	Virginia		US	A	WIDOWE			PRINCE GEO	ORGES C	YTYUC		MD.
	10. CI	TY OR TOWN OF DEA	ATH			NG HOME C	ROTHER INSTITUTI	ION I	12ª USUAL OCCUPATI		126. KIND O	F BUSINES	
3		VERDALE,	MD	LUGENE		EMORIA .	L HOSPITA	AL .	Self emp	loyed	Mech	anic	
5	13a S	AL RESIDENCE (IF NURS STATE Md	135 COUN		13c. CITY OR TOV	NN	136. INSIDE CITY LI	MITS?	3e. STREET ADDRESS	Oth ave			
	14 FA	THER'S NAME	1.0	001500	113 11000		15. MOTHER'S MAI						
4		George	B Coc	krell	LAST		FIRST	Fe	ern E Cornw	ell	LAS		
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	1	ADDRE	SS			
-		es		11	220 07 7	029	Elizabet	h M C	Cockrell	Hyatts	rille,	Md.	
			H (Enter on	v one cause ner	tine for (a), (b), a	ndic					APPROXI	MATE INTERV	/Al
	-	PART I. DEATH W			CAR	DIC	ARRE	TU			3	1.	
		14,0	IMMEDIA	E CAUSE (a)	-		1-1-1-1			,		1	
Н		T10-		DUE TO, O	R AS A CONSEOL		20191	1011	FPRCTIO	N	10150		
		Canditians, if any gave rise to imi	mediate	(b)		. Chra	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	160					
В	13	underlying cause		DUE TO, O	R AS A CONSEOL	JENCE OF					1 - 1		
				( Ic)									
	NO	PART 2 OTHER SIGI	NIFICANTO	ONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART 16		
	CERTIFICATION	19a DATE OF OPERA	TION	196. COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED		20a AUTOPSY?	20b. IF YES, V			
1	IFIC								YES T NOT	IN CERTIFYIN		OF DEATI	
0	ERT	21a, ACCIDENT WAS UN	DERLYING [	216. TIME C	OF INJURY		21c. HOW INJURY	OCCURRE	D LENTER NATURE OF INJUR			,,,	
1		OR CONTRIBUTING		IN .	M. MONTH D								
W	MEDICAL	(IF EITHER, NOTIFY MEDIC		P. 21e PLACE	M.	19	211. LOCATION						
ň	ME		HILE C		REET, FACTORY, OFFICE.	FARM, ETC.)	STREET		CITY OR TOV	٧N	COUNTY	STA	ATE
		22a.1 certify that (1)	(this hospi	ol) ottended th	ne deceased from.	3		79	, to		75	that (I) (w	e) lost
		sow the deceas above, (I) (we) (	ed olive on	3>	19_	29,00	nd that in (my) (aur)	opinion de	eath accurred on the do	ate and hour a	nd from the	couses sto	ted
P.		226 SIGNAFURE	did) (did fio	View me body	diter deom.		DEGREE		/		22c. DATE	SIGNED	
		K	ou.	omm	N	~	D ATTEN		MEDICAL STAI		3	9/2	9
		226. PHYSICIAN'S N.	AME (TYPE O	DRHAL)	7	1.		3750		WEIT	1-1/CH	14/21	1
3		KIL	MA	THEV	Vm	9	48.	21.1		m 69 1	215	00 15	1
		11.01		10100		111115 0 = 1	HYATT			) (	185		
	730 B	BURIAL, CREMATION,		Man 10			emetery or eram		23d. LOCATION CITY OR TOWN Brentwo	ad Dag	UNITY	STA	Md.
			-	rai 12	1 13/3	r t 1/11	COLII Ceme						TU.
		"Gasch's	Sons	D 4 11-	ADDRESS	o Ma		ZSO. DATE	REC'D. BY REGISTRAR				
	T,	· uascn's	~ons	r a nj	actsvill	e, riu		MY	IR 1 3 1979	just	my /KC	Apple	7

DHMH - 16 50M 7/77 (VR A 15 (4))

79-07476					
01,10-61					
	L!	Cocium		EAVOL!	
	0961 .5		021129		ales
Palxor (Conces County					alathaly
to settored because		MISCE	gwusil sia	audi d	
free riot food		office		rices on C	t
Herman T. ame			П	naloob II	agreed)
As partitions of distances.	• •	nertic.	70 025	FI ST	
				Karris Historia	
Section on honorary by	the second second				
		.bul.of	lyntjinett	2 Ind	ar resident

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 76 HOUR 20. DATE KNOWN ITYPE OR PRINT) OF ESTI-DEATH MATED IF ANY DELAY-IS NECESSARY, PLEASE
2, AND 3 TO THE FORERAL DIRECTOR.
3 RETAIN PAGE 5. FOR YOUR FILES.
5 HOULD BE FILED. WITHIN 22 HOURS.
1. RECORDS, 301 "W" PRESTON STREET, IF UNDER I YR 6. AGE IN YEARS IE UNDER 24 HRS DATE PRONOUNCED DEAD Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BATHMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED FOREIGN COUNTRY) DIVORCED WIDOWED KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Gen. Hospital Foods USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Audrey Lane 13a. STATE 13b. COUNTY Prince Goe'S Md. Oxon FORM PM 3. ES 1 AND 2 SHON OF VITAL R 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE James Colbert Mary Proctor 17. INFORMANT ADDOPS1-Audrey 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. DIVISION (YES, NO. OR UNKNOWN) 22 Yes 6 Patricia Colbert/Oxon Hill 18 CAUSE OF DEATH (Enter only one couse per interior (a), (b), and (c) PART I DEATH WAS CAUSED BY HEALTH AND MENTAL HYGIENE, DUE TO, OR AS A CONSEQUENCE OF MEDICAL EXAMINER A AS A BURIAL-TRANSIT Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. OR DIVISION OF VITAL RECORDS, 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 9 BE CH BURIAL YES NO X DEPARTMENT 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD OR HOUR A.M. MONTH DAY YEAR UNDERLYING 0 CONTRIBUTING CAUSE OF DEATH 21201 PRIOR T 21e PLACE OF INJURY (AT HOME, 211 LOCATION 71d INJURY OCCURRED AT WORK NOT WHILE AT WORK EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWAR TO FUNDEALOUSE PAGATER DEATH, WITH THE STATINGRE, MARYLAND, 21201 22a. I certify that I took charge of the remains described obove, held an Inspection and in my opinion death resulted from: Natural coures Accident Suicide Hamicide Undetermined monner 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURTAL, CREMATION, REMOVAL 23b. DATE l'tenham Burial Maryland larvland Vet DHMH-17 20M 1/73 24 FUNERAL DIRECTOR (VR A15 ME (5)) 1661-Goodhope Rd. S.E

on the first water and the first of the control of

THE PARTY OF THE PROPERTY OF THE PARTY OF THE STATE OF TH

Total particular one in the last non- the last one in

the said Marin Co. 1

detection of the termination

1			STATE OF MARYLAND	
13		1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE - STATE - MEDICAL EXAMINER'S CERTIFICATE OF DEATH - DEC. NO. 70 0	7170
			REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. N.O. Q - O  ECEASED NAME  FIRST  MIDDLE  LAST  120. DATE KNOWN   MONTH 8	AY YEAR 2b. HOUR
SE S. S. S	EI,		PRE OF PRINT) Emma Jane (OLEMAN)  OF ESTI- DEATH MATED []	19 M
RY PLEASE DIRECTOR. YOUR FILES.	on STRE	J. SEX	Emul Black S DATE MINTH DAY YEAR LAST RIFTHDAY MONTHS DAYS HOURS MIN. PRONOUNCED 3 - 15	79 DM
NERGI DIR PORTOUR KITHIN 72	201		BIRTHPLACE (STATE OR TO THEN OF WHAT COUNTRY? R. MARRIED NEVER MARRIED BAT MORE CITY OF COUNTY COREIGN COUNTRY)	OF DEATH
Z Z E	25		IRGINIA UNITED STATES WIDOWED DINORCED DINORCE DINORCED D	MD.
DELAY IS 3 TO THE N PAGE NE FILED,	24	CH	FILTINGE GEORGE'S GENERAL HOSPITAL SOCIAL WORKER (	KIND OF BUSINESS OR INDUSTRY
ANY AND SETAL	33	USUA 13 M	TAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  FAINCE GEORGE'S SUITLAND, MD. 13d. INSIDE (ITY LIMITS? YES NO 2314 GAYLORD DRIVE,	
MD ATH	9 //	14. F.A	TATHER'S NAME FIRST  CHESTER  T.  BAYLOR  15 MOTHER'S MAIDEN NAME FIRST  MIDDLE  WINFIEL	D LAST
BALTIMORE, URS AFTER DE 3. GIVE PAGES WITH FORM PAGES J AN	202	16s. V	WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) NO  106. SOCIAL SECURITY NO. 409-38-6291  WILLIAM E. COLEMAN/HUSBAND/Dr.	4 Gaylord Suitland,
ST., HOL A 18 AG A	aŭ Z		MMEDIATE CAUSE (0) Short Within & MINISTER PRINTERS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 W. PRESTO	R REMOVAL		Canditions, if any, which gave rise to immediate couse (a) stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF	
	CREMATION, O	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
ALREA HOULD "PER HIEF A	E 8 4	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	0. AUTOPSY?
VITAL R SHOUL ORD "P E CHIEF BE USE	7 × C	TIF		YES NO
DIVISION OF VITAL RECORDS, SCERIFICATE SHOULD BE EXE RITING THE WORD "PENDING" POED TO THE CHIEF MEDICA E 3 SHOULD BE USED AS A BI	22		216. EXTERNAL CAUSE WAS  216. TIME OF INJURY  UNDERLYING  OR  CONTRIBUTING  CAUSE OF DEATH  P.M. 3-15  19  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2)  AU flux Cer  May 19	
DIVISI DIVISI THIS CERT WARDED THE DEB 3 SI	8 8	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  21d. PLACE OF INJURY (ATHOME. STREET EXCTORY, FARM, ETC.)  21d. INJURY OCCURRED  STREET EXCTORY, FARM, ETC.)  21d. LOCATION  STREET  2314 Hay lord Drive, Suit Konney  2316 INJURY OCCURRED  2116 PLACE OF INJURY (ATHOME. STREET)	R, Pr. Geo.
CAMINER: TERTIFICATE, DO BE FORW			22a. I certify that I took charge of the remains described above, held an Autopsy Inspection II. Inquiry I and in hyppinio death resulted fram: Natural causes I, Accident I, Suicide I, Hamicide I, Undetermined manner I,	n
08422	<sup>K</sup> K K		ACTUAL SIGNATURE ORGANICAL EXAMINER DATE SIGNATURE SIGNATURE SIGNED	3/16/79
TO MEDICAL E EXECUTE THE PAGE 4 SHOU	TIMORE		EXAMINER'S NAME Augusto P. Rodriguez, M.D. 12800 Willow Wind Circle, Oxon	Hill 20822
2411 BP	BAI		BURIAL CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN COUNTY	state Jirginia
DHMH-12	7		FUNERAL DIRECTOR 258, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGN	
(VR A15 ME (		KO	OLLINS FUNERAL HOME, INC. 4339 Hunt Pl. N. E. MAR 2 2 1979	

The same of the sa

BOOK TOOK BYELL LAND

Dunisher Vincett Tons - Tiversels, Linevins

0.15				
410				
	ring ender in the			TOTAL MEDI
			TOUR GASO HOSE INTROVERS OF	85.5 8058000
			WING SECURE ONLY	n akaren
		CI DICCH	(4)	0061521
			A DOCUMENTO STREET	
		- 1 ( Chi	ndagos de estados de e Estados de estados de e	
	the second		ningasiani Nisamuni Nisamuni	
	the second		ningasiani Nisamuni Nisamuni	
	the second		ndagos de estados de e Estados de estados de e	
	the second		ningasiani Nisamuni Nisamuni	
	To the second se			
	To the second se			

medical enamine must be notified at once.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

07101

8.	,	REGISTRAR				CERTIF	CATE OF D	EATH	RE	G. NO.	9 -	- 11	401	
V		EASED NAME	FIRST	N	NIDDLE	t.	AST	A TUEY	20 DATE OF DEA	тн момін	DAY	YEAR	2b. HOUR	
	(1112)	OK LKIM!]	John		Wise	C	ostell	2		03	11	7.9	6:50	DP M
П	3. SEX		4	RACE		S. DATE C	FBIRTH	YEAR	6 AGE (IN YEARS LA	ST BIRTHDAY)	IF U	INDER I YEAR	IF UNDER 2 HOURS	MIN.
		Male		Caucas	ian	Oct.	30	23	55	YRS	5			
7		THPLACE (STATE OR FO	DREIGN 7	CITIZEN OF	WHAT COUNTR	RY? 8 MARRIEI	NEVER /	AARRIED [	9 BALTIMORE C					
	Wa	shington			S.A.	WIDOWE	D DI	VORCED		ince G	_	_		MD
1	-	TY OR TOWN OF DEA	TH 1	(IF NOT IN SUCI	H FACILITY, GIVE STE	RSING HOME C			12a USUAL OCCU	AOST OF WORKING	G LIFE)	126. KIND O		
4		aurel		Greate	er Laure	el Belt	sville	Hosp.	Truck	Drive	r	Tru	ickir	ng
100	13g. S	L RESIDENCE (IF NURS TATE Tyland	13L COUNT	THER INSTITUTION,	13c. CITY OR TO	OWN	13d. INSIDE C	ITY LIMITS?	13e. STREET ADDR					
2		_	P.G.		La	urer	YES 🔀	NO 🗌		th St.				
1	M FA	THER'S NAME FIRST	MI	IODLE	LAST			FIRST	MID	DIE	1	LAST	1	
0	1	John			Coste			iscill		ADDRESS		Barne	S	
1	16a W	(AS DECEASED EVER ES, NO OR UNKNOWN) NK		MED FORCES?	166 SOCIAL SI	2-0358	M NET	A. Cos		same	26	#13		
	u	IIK			120-22	-0330	Mary	A. COS	stello	Same	as		TANK TANK TO	VIV.
		18 CAUSE OF DEAT		one cause per BY.	Ine for (o), (b),	pneumon	ia. bi	lateral				BETWEEN	MATE INTERV DNSET AND D	HIABC
7		1100							t upper	obe				
		16027		DUE TO, OF	R AS A CONSE	OUENCE OF			diameter)					
		Canditions, if ony, gave rise to imm		(p)										
Н		cause (a), stating underlying cause		DUE TO, OF	R AS A CONSE	OUENCE OF					300			
H		PART 2. OTHER SIGN	NIEIC ANT CO	ONIDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN	IN PART 10	31	
	Z	2. 01112. 3101	VIII CAIVI C	51451116140 <u>cc</u>	3111111011110	TO DEALLY CO.								
1	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY			ERE FINDIN		
/	E								YES NO		YES [		NO [	
1	E E	21a. ACCIDENT WAS UNI		21b. TIME O		DAY YEAR	21c. HOW IN	IJURY OCCURR	ED CENTER NATURE	OF INJURY IN ITEM I	8, PART	OR PART 2)		
7		OR CONTRIBUTING		H HOUR A.	M. MONTH	DAY YEAR								
	MEDICAL	21d INJURY OCCUR	RED	21e PLACE	OF INJURY	ICE EARM ETC )	211 LOCATE	N	CITY	ORTOWN		COUNTY	STA	ATE
	Σ	MHILE NOT W	DRK D	(KI NOME, SIN	, , , , , , , , , , , , , , , , , ,	Tab, ( Partin, e rail)							1.174	
		22a I certify that (I)	(this hospite	ol) attended th	e deceased fro			. 19	, to		, 19_		that (I) (w	
	65	saw the deceas above, (1) (we) (	ed plive an _did) (did not	view the body	ofter death.	9 01	nd that in (my	(aur) apinian (	death occurred an	the date and h	naur ar			ted
		226. SIGNATURE	, , ,	77 4 -	c ( )=		DEGREE	ATTENDING _	PATHOLO MEDICAL	STAFF _		22c. DATE		
				m Hate	, ,	7.		PHYSICIAN [	DIRECTOR P		131	13/	12/7	75
1		22d. PHYSICIAN'S N.	AME (TYPE OR	PRINT Ha?	T.		22e ADDRES	SS						
-		Abolgh	assem	TI	tof M.	D								
	23a B	URIAL, CREMATION,	REMOVAL			23c. NAME OF C			23d. LOCATION	/N	- 100	UNITY	ΔTA	116
		Burial		3/15	/79	Emman	uel Ce	emeter	y   Laur	el . H	OW	ard	. Md	

DHMH - 16 50M 7/77 (VR A I5 (4))

BP.

MPORTANT: If them 21 is marked or them 18 shows any

FOR

HUNERALDIRECTOR FLECK LAUREL FUNERAL HOMES, INC. 7601 Sandy Spring Rd. Laurel, M

	Carso al manustra	
A SAUDO TOOLEY	Tanal Ca. Sign Chig	normalifen
the set of texts of the set of the set		
A. T. T. T. Bas Sta St. D. T. T. T.	19276	Snotyin
neman	. Costsello	Prot
Er as once to testo . A van	128-22-0358 16	nan
T. Camp Carry   Laboret . Revery . Act	SYASYIB Eminum	Malura
The contract of the contract o	B. Farrier Co. No. 100	

/	10
0	

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9	-	0	7	4	8	3
---	---	---	---	---	---	---	---

	1.	REGISTRAR CERTIFICATE OF DEATH REG. NO. 19-01403											
		CEASED NAME FIR OR PRINT) SAM	NUEL ^	L.		REDLE		20. DATE OF	DEATH 03		79	26 HOUR 2:56A.M.	
	3 SEX		4 RACE		5 DATE C	F BIRTH		6 AGE (IN YE	ARS LAST BIRTI	Contract of the Contract of th	UNDER I YEAR	IF UNDER 74 HRS	
		ale	Black		01	30				YRS			
0	Not	RTHPLACE ISTATE OR FOREIGN TTH Carolina	U, S.		WIDOWE		AARRIED L	Prince	_	ges C	County	MD	
5	Cl								Retired 126. KIND OF BUSINESS OR NOT OF WORKING LIFE) Banking				
1	13a S		COUNTY	GIVE RESIDENCE BEFORE 13c CITY OR TOWN ashingtor	4	13d INSIDE C	ITY LIMITS?	1839	address Wann	St. N	. W .		
/	Wi	THER'S NAME FIRST  Illiam Henry	Cred]e	LAST		Her	MAIDEN NAM FIRST Trietta	Dunb			LA	ST	
3		(AS DECEASED EVER IN U es, no or unknown) (IF Y	148	Ms. Annette Credle 1839 Swann St. N. W.									
	ITION	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  COLUMN TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  LATE LATENT LUES  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  200 IF YES, WERE FINDINGS USED											
1	CERTIFICATION	19a DATE OF OPERATION 19b COND		TION FOR WHICH OPERATION WAS PERFORMED			KMED	YES	NO []	NG CAUSES	CAUSES OF DEATH?		
	MEDICAL CEI	236 SIGNATURE	HOUR A MINER)  21e PLACE (AT MOME, STR hospital) attended the ive an 3/13 did not i view the bady	M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, FA  e deceased from  1976	19 RRM, ETC.)	21f LOCATIC STREET	, 19 79 (aur) opinian di	, to	CITY OR TOW	/N , 15	COUNTY		
	23a B	BURIAL, CREMATION, REMOVAL 1236, DATE 1236, NAME OF CEMETERY OR CREMATORY 1236, LOCATION											
	(5	BURIAL.	3- 19 Latney 5	79 0	gla	in.	W . 250 DATE	Suite	Hand	1 M.	DISSIGNA	STATE	
	24 FU	JNERAL DIRECTOR	Washingt	ADDRESS	324 .	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1979	Juit	my /	Creedy	

ned by the hospital

DHMH - 16 60M 1/75 (VR A 15 (4))

should be detached for use as the burial transit permit. Then with the Store Dept. of Health and Memial Hygiene prior to but MMPORTANT: If them 21 is marked or then 18 shows only injury.

TO FUNERAL DIRECTOR: After this certificate has be

efective verolication

DHMH - 16 50M 7/77 (VR A 15 (4))

Robert Beall Funeral Home 9013 Annapolis Road, Lanham, Maryland

ADDRESS TO Sulliva

25a. DATE REC'D

3:40PM

IF UNDER 24 HRS

STATE

HOURS

79-07484	
- 03-13-79	DELICE TOTAL CALLIN
	Main Caller Caller Commercy 1923
17/000 213/9000 53/159	ALB.L. Markety
13 2	CHEVERLY PHUT CE GEORGE'S LOSERT FALL
Land Langer Freehold Come I	Appreciation of the second
Bondan Affina and Bode , seed to	Hilliam Heneron Ollians Bolide I. o. a.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 76 HOUR (TYPE OR PRINT) ESTI-DEATH MATED CHARLES CUNNINGHAM GREGORY 1079 AGE (IN YEARS | IF UNDER 1 YR 4 RACE IF UNDER 24 HRS. 10:30 DATE LAST BIRTHDAY) DAY PRONOUNCED DEAD male 26 26RS 1979 negro D M To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U. S. A. WIDOWED DIVORCED Prince George's 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! OR INDUSTRY 301 & Cherry Tree Rd. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 196 COUNTY FIRE INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE Md. 1219 N. Calvert St. Baltimore YESKEN NO [] 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Jas Cunningham Justine McCormick 7 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 214-54-1556 Justine Armstead 3023 Seamon Ave. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATN BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART T (a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B. AUTOPSY? USEL BURIAL, YES TO NO [] 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOR 0 P.M. 3-31-Pedestrian struck by auto. 1979 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC. WHILE NOT WHILE AT WORK PAGE STATE D Rt. 301 & Cherry Tree Rd. Prince George's Md. road Inspection Inquiry and in my apinion 22a. I certify that I took charge of the remains described above, held an CTOR: Undetermined manner Natural causes TO M.

EXECUTE THE

PAGE A SHOULD

TO FUNERAL DIRECT

AFTER DEATH, WITH

\*\*ITMORE, MARNA

\* TITLE (SPECIFY) DATE 4-1-79 ACTUAL Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. 30. BURIAL, CREMATION, REMOVAL 23b. 4/10/79 Westview Memorial Catonsville, Cremation 24. FUNERAL DIRECTOR **DHMH-17** Wm. C. March F/H 1101 E. North Ave. (VR A15 ME (5)) 15M 7/76

26 52 26 Formeshwills and A. A. M. S. our Posts. . . . - Balcimore ex 1219 M. Calvert St. Sunninganm Justino 214-34-1 Justine Arratesd 3023 Section Ave. A THE REPORT OF A PARTY OF THE Say silos 4/10/79 Westviow Immorial No. Salonsville, 1886.

- am. C. Harch E/H 1101 F. North Ave. App

6	1 2	III	em 17 g	531 5/8/7	79 gj			ARYLAND						
0	20	1-	FOR STATE			EPARTMENT OF				7 (	9-0	7 1 8	86	
	6		REGISTRAR		MED	ICAL EXAMI			OF DEATH	REG. N	P. 0	1 4 0	, 0	
	(3.0)		CEASED NAME	FIRST		MIDDLE		LAST	2a. DATE OF	KNOWN ESTI-	HINOM	DAY	YEAR	2b. HOUR
	1 2 2 E			Lawren	nce ]	Lamont	C	unningham	DEAT	H MATED	□ 3	27 i	979	AA
	ACEDE.	3. SE	Х	4. RACE	5. DATE OF BIRTH	6 AGE (IN)	YEARS IF UN	DER 1 YR. IF UNDE	R 24 HRS. 2c. DA	TE	MONTH	DAY	YEAR	10:50
	SSARY, FALORES A YOUR TIN 72 H	Ma	ale	Black	June 19.		, mornin	DAYS HOURS	MIN. PRONOI		3	27 1	1979	P "
	CESSARY NERAL DII FOR YOU VITHIN 72 PRESTON		IRTHPLACE (ST	ATE OR	76. CITIZEN OF WH	AT COUNTRY?	_	ED NEVER MARI	9. BALTI	MORE CITY				
	Z 2 2 2	Wa		on,D. C.	U. S.		WIDOW	ED DIVOR	CED 🗆 Pri	nce Geo	orge'	s Cou	unty.	MD.
	ELAY IS NO THE FI PAGE 5 F FILED, 5, 301 W	(	ITY OR TOWN			ITAL, NURSING HOA			12a. USUAL OCC	ORKING LIFE)			D OF BUS	
	DELA 3 TO N PA 9 BE F		Cheverly	and the second s	Prince G	ility, Give street ADDRESS corge's Ge	neral	Hosp.	Interior	· Decor	rator			
	5 m 4 a 2		AL RESIDENCE	(IF IN NURSING HOME OR		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	113a STREET ADD	DESC				=(1174)
	21201 F AND S. RETA SHOUL		aryland		e Georges	Oxon Hil		YESTE NO	0-1-1	stula	Drive	9		
		14. F	ATHER'S NAME					15. MOTHER'S MAID						
	MD 2 NITA	1 M	FIRST CITY	ningham	WIDDLE	LAST		Roberta	Portee	MIDDLE		LA	.51	
	URS AFTER DEAT URS AFTER DEAT URS AFTER DEAT B. GIVE PAGES 1 WITH FORM PA T. PAGES 1 AND DIVISION OF VII	16c.	WAS DECEASED	DEVER IN U.S. ARM	NED FORCES?	16b. SOCIAL SECUR	ITY NO.	17. INFORMANT	101000	ADDRES	s 8506	Wind	- 1.17	Dw
	BALTIMO	40.0	ot State		VAR OR DATES)	Not State	a	. Maxine I	4° Carmina					
	BAL GF GF WITH PAC DIVIS	1/4			y ane cause per line f		u	bore oua r	. Cunning	main.	ATTE		ROXIMATE	
	. 0 = -		PART I DE	ATH WAS CALISED	RV.		, ,					BETWE	EN ONSET	AND DEATH
	V 24 HOL I ITEM 18 ALONG V PERMIT. ' PERMIT.	10	96.54	/ IMMEDIATE		Inshot wou		head				-		
		1	Canditian	ns, if any, which	DUE TO, OR A	AS A CONSEQUENCE	: OF							
	MITH INER RANS RANS MOV	4	gave ris	se to immediate	(b)									
	UTED WITHIN N PENCIL IN EXAMINER IN RALTRANSIT MENTAL HYOR REMOVA	9 1	lying cau	stating the under- se last.	DUE TO, OR A	AS A CONSEQUENCE	OF							
	w 0-140-			Literature to	(c)									
	0 200 40	Z	PART 2 OTHER SIG	SNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TEI	RMINAL DISEASE	OR CONDITION GIVEN IN P	ART 1 (a).	1:10				
	LRECOR	CERTIFICATION	19a DATE OF	OPERATION	19b. CONDITI	ON FOR WHICH OPE	RATION W	AS PERFORMED?				[20 ALI	JTOPSY?	
	SHOULD SHOULD RED "PER CHIEF A CHIEF A OF HEA AL, CRE/	I N										2		
	DF VITA  THE CH  THE CH  LD BE U  VENT OF	1 2	21n EXTERNA	L CAUSE WAS	21b. TIME OF	INTURY	1214 HC	OW INJURY OCCURR	ED LENTER MATURE OF	INDICATE AND INC.	O BART Y OR BA		s X	NO 🗍
	CERTIFICATE SITING THE WOID THE WOID BE DEPARTMENT OF PRIOR TO BE DEPARTMENT OF PRIOR TO BURILLY			OR OR CAUSE OF DI		MONTH DAY YEA	AR			INJURY IN HEM TO	BPART TORPA	K1 23		
	SHOIL SHOIL	MEDICAL	214 INJURY C			3 27 197		not by ass	ailant					
	DIVIS HIS CER WRITING ARDED GE 3 S ATE DEF	ME				DRY, FARM, ETC.]	S	TREET	CITY OR 1			UNTY		STATE
	E: THIS (F. WRITE PAGE STATE S		AT WORK	NOT WHILE K	sti	reet	in :	front of 1	.9115 Brod	oks Dr	, Oxonl	Hill,	,P.G.	, MD
	E C S C		22g. I certif	ly that I taak charge	of the remajor deser	ited above, held an	Autop	X Inspection	on , Inquir	v 🔲 . a	and in my op	pinion		
	EXAMINER CERTIFICAT OILD BE FO DIRECTOR: WITH THE ARYLAND,		deoth resulte	ed from: Nature	doney .	Accident S	ericide []	Hamicide XX,	Undetermined	manner .				
	EXAMINE CERTIFICA ULD BE F DIRECTO			/	110	(7)/	1_11	TITLE (SPECIFY)						
	MA WA		ACTUAL SIGNATURE	/	1/1901	0 A / 7	me In	DeputyCh	rie fedical EXA	MAINIED	DATE	3/	/28/7	79
	SH S	2	SIGNAM (GIRES		Du.	9	60		MEDICAL EXA	MINEK	SIGNE	:D		
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL I FOR EVERAL I FOR E		EXAMINER'S I	NAME Thor	mas D. Smi	ith, M.D.	1	ADDRESS	111 Penn	St.	Balto	o., 1	D.	
	TO TO AFT	23a.1	SURIAL, CREMAT	TION,REMOVAL 23	b. DATE	23c. NAME OF C	EMETERY O	RCREMATORY	23d. LOCATION		cour	NTY	STA	TE
10	BP		Burial	7	31 Mar 79	Lincoln	Memor	rial Cemet	erv Suit	land. F	P. G.	Co.		ryland
	DHMH - 17	24. 1	UNERAL DIREC	TOR	ADDRESS	1.32 YOU S	troot	N . N 250 DATE	REC'D. BY REGIST	RAR 25b. REG	SISTRAP'S S	GNATU	RE /	
	(VR A15 ME (5)) 30M 7/73	W.	Ernest	; Jarvis (	Co., Inc.,	Washingt	on, D	. C.	HMK & 1	3/8	more	7	i-eC/hi	roty

05-17-20	20VIC		
FREE CEORGE 'E COU TE			
	EXTRACT GEORGE'S HOBELVAL	Yukuvano	
	Livery Fundam College		
	A STATE OF THE STA		
	The state of the s		
3/3/25	Company of the second		

2		LIt	FOR Tto	Film G5 ms #21b	30 4/3/79 Film G530	DEPART	STA MENT OF	HEALTH	ARYLAND M	ND ENTAL H	IYGIEN	E			
2	(0.5)	1-	STATE LTE		79 rc ME	DICAL	EXAMIN		ERTIFIC				79-	0748	8
	( Bas)		CEASED NAME	FIRST	7 2 0	MIDDLE			LAST			20. DATE KNOWN OF ESTI-		DAY YEAR	2b. HOUR
	E S S S S S S S S S S S S S S S S S S S			EMILY	ROSE DAV	IS						DEATH MATED	- 54	1979	M
	S NECESSARY, PLEASE FUNERAL DIRECTOR 5 FOR YOUR FILES D, WITHIN 72 HOUR W, PRESTON STREET	3. SE)	(	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY 12- 20-06	YEAR	6. AGE (IN YE LAST BIRTHD	AY) MONT	DER 1 YR.	IF UNDER	24 HRS.	PRONOUNCED 3-3	MONTH	19 <sup>79</sup>	14 HOYB
	SSAR SALD YOY YOY STON			ATE OR	76. CITIZEN OF WI			8	- D VE	1		9. BALTIMORE CITY O	RCOUNTY		1 /2 M
	WIT WITH	Del	REIGN COUNTRY)		USA			WIDOW	ED NE	DIVORC	-	PRINCE GE	ORGES		MD.
	GE 5 W		TY OR TOWN	OF DEATH	11. NAME OF HOS	CILITY GIVES	TREET ADDRESS)				FORA	JAL OCCUPATION (TYPE		OR INDUST	ISINESS
	DELA TOT TOT TOT TOT TOT TOT TOT TOT TOT TO		inton		Southern	Mary	rland 1		tal C	enete	r Re	tired	1	Nurse	
21201	H. IF ANY DELAY IS NE. 2. AND 3 TO THE FU. 3. RETAIN PAGE 5 2 SHOULD BE FILED, VA. RECORDS, 301 W.	13a. S	TATE	13b. COUI P.G.	OR OTHER INSTITUTION, GI	13c. CITY Oxor	OR TOWN 1 Hill	ION)	13d. INSIDE C	NO [	13e. STR	eet address  Corning A	ve.		
	PM 3. VD 2 S	14. F/	ATHER'S NAME	1136 0	MIDDLE		LAST		15. MOTH	ER'S MAIDE	EN NAME	MIDDLE		LAST	
RE, A	DEA ON P		John	51455	W.		Lacum			Ida		Blanche	Ţ	Unknown	
BALTIMORE, MD.	URS AFTER DEATH II B. GIVE PAGES 1, 2, WITH FORM PM 3. PAGES 1 AND 2 S DIVISION OF VITAL	no no	ES, NO, OR UNKNO	EVER IN U.S. AF	E WAR OR DATES)		-44-57		John	Davi	s s	ame as item	13		
ST., 8A			18 CAUSE OF	ATH WAS CAUSI	nly ane cause per line ED BY: ER-LOS GLER(			VASCII	T.AR	DISEA	SE			APPROXIMATE BETWEEN ONSE	E INTERVAL T AND DEATH
PRESTON ST.,			427 Condition	is, if any, which	DUE TO, OR		ISEQUENCE								
3	ECUTED WITHIN 5" IN PENCIL IN AL EXAMINER A BURIAL-TRANSIT NND MENTAL HY NN OR REMOVAL		gave ris	e to immediate stating the <u>under</u>	e (b)	AS A CON	ISEQUENCE	OF							
DIVISION OF VITAL RECORDS, 301	SXECUTE IG" IN P CAL EX.		BADY 2 OTHER CI	WILLIAM CONDITION	(c)	DIV MAT OF A			- 11						
ORDS		Z	- T. T.		CONTRIBUTING TO OFATH						RT 1 (a).				
REC		ATIO	LEFT				JRE, OS'							20. AUTOPSY	?
ITAL	TE SHOULD WORD "PER HE CHIEF A D BE USED ENT OF HEASURAL, CREATER A SURIAL, CREATER A SURIAL, CREATER A D D D D D D D D D D D D D D D D D D	CERTIFICATION	100											YES 🗆	NO 🗆
OF.	THE WGO THE SOULD BE STANEN!		21a EXTERNA	L CAUSE WAS	21b. TIME OF	MONTH	DAY YEAR	21c. HC	OW INJURY	OCCURRE	D (ENTER )	NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART	2)	
SION	SHOU SHOU	MEDICAL		NG AUSE OF	DEATH P.M	2-3	- 199	T	rippe	d ov	er a	dog in th	e liv:	ing ro	om
DIVIS	THIS CERTIFICATE SHOU WARDED TO THE CHIE PAGE 3 SHOULD BA TATE DEPARTMENT OF STATE DEPARTMENT OF STATE OF SHOULD BA	WEL	WHILE AT WORK	NA WOULE	STREET, FACT	PARM, E			TREET			JOR TOWN	COUNT	TY	STATE
	FORM POR: P. PE ST P. 21		22a. I certif	y that I taak char	ge af the remains des			Autap	sy 🔲,	Inspection	n 🗽	Inquiry ( and	d in my apini	ion	
	RTIFIC RECT BE SECT ITH T		death resulte	d fram: Nati	ural causes 🔲,	Accident	LA Su	iicide 🔲	Hamio		Undet	ermined manner,			
	AL EX HE CEI HOULD AL DIS TH, W		ACTUAL SIGNATURE_	Oly	una y	Low	equel	M	JE (S	L LY	MED	ICAL EXAMINER	DATE SIGNED.	3-4	- 14
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED FOR PAGE 3 AFTER DEATH, WITH THE STATE 0 B BALTIMORE, MARYLAND, 2120L PRI	-	EXAMINER'S I	NAMHUZIA	sto P. E.	DAK	aua	2	ADDRESS/	1280	10 W	11 m Wi	10/01	rile To	ntil
10	TO AFTI	23a. B		ION,REMOVAL	23b. DATE		NAME OF CE	METERY O	R CREMATO	ORY	CITY	CATION ORTOWN	Mad	יטטין	A. C.
1/0	BP	24 5	UNERAL DIREC		3/6/79	Ft.	Linc	oln C	em.	250.	113	entwood	trong for	Md	•
	DHMH - 17 (VR A15 ME (5))		NAME		ADDRESS		***	77		2.30. <b>电子子</b> 切 电影	AEC_D.AST	TO DOK DICTOR	7	- Lange	
	15M 7/77	U.	r. Kala	5 0100 (	oxon Hill	Ka. U	xon Hi		vId.						

Total Company of the contract So of State and State 1997 The state of the s Buckley Control of the William reports out the bill the series of the series of the series of

BIRTH STREET, Complementary with any mercural consists

63-02-71 19:	CVALEDM	Tor Parison	501
	LERI, F1 .084		Pamale
PRINCE CORGE'S COUNT	X participation of the second		maaaa X
er recenter	9 (Su. 3)	12427 SHytai	PÉVOS
12-17 Stylastic Sand		G. Co. Bowie	bride ris
	conta, vala	ra-fi	. 3.6
in Povison, Nation, 118.	Small to that a	10-215	.04

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-17491 - STATE CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Emma F. March 14, 1979 12:45P DeBruvn 4 RACE 5. DATE OF BIRTH 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS June 5, 1901 Female White To BIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) USA Prince George's WIDOWED DIVORCED T 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR LIE NOT IN SUCH FACILITY GIVE STREET ADDRESS. TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Cheverly Prince George's Gen'l Hosp Housewife Own Home W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13n STATE 136 COUNTY P.G. Riverdale 13e STREET ADDRESS Md . 6209 Lengfellow St. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Florence Baker Robert Wav 160 WAS DECEASED EVER IN U.S. ARMED FORCES Address Same as 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 578-16-2765 Patricia A. Loor(Daughter) No#13e. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH. 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY PULMONARY ST LUZA WKI FDEMA IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF INFARCTION BRAIAL Conditions, if ony, which gove rise to immediate couse 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT DIVISION OF VITAL RECORDS, CERTIFICATION 0 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED - d IN CERTIFYING CAUSES OF DEATH? NO burial-transit Mental Hygi 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a I certify that (1) (this hospital) attended the deceased fram\_ 1970 sow the deceased alive on 3-above. (1) (was (did) (did sati view the body after death and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED + ATTENDING MEDICAL ld be deta the State [ 3/14/79 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 27d PHYSICIAN'S NAME (TYPE OR PR 22e ADDRESS Shoul with 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE Burial 3-17-79 Ft. Lincoln Cem Brentwood Pr. Geo's Md. 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 F. Gasch's Sons F.H. P.A. Hyatts. Md. (VR A 15 (4))

10-07191 E 2 1,21 CE2 15:20 dame D, 1901 C. İ 427 e's wos sonix = 1 1 1 - 1 4 Cheverly Lrice sor s's s'll sag Housevile twn Home Mi. P.C. Kiverdale x oldellor St. debet .. versere v. .i freder de el de gastini. Strain GMTL I FLANZINIO CHENCA G-17-79 It. Lincoln User Veshiwagu W. Carle Miles 1. Justic Som F. H. P. A. Hynten. Id.

1		1					E OF MARYLAND			
		1	FOR - STATE		DEPARTA		EALTH AND MENTAL HY	GIENE	79-07	492
			REGISTRAR				ICATE OF DEATH	REG. N	0.	
		I. DE	CEASED NAME FIRST		MIDDLE		AST	2a. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
1 2 88			HARRY				ALDSON		3 2 79	9:30A
27 1		3. SE	x M	4 RACE White	9	5. DATE C		6. AGE (IN YEARS LAST BIRT	MONTHS DAY	
A 25		100		-		рес	23,1.902 YEAR	76	YRS.	
eath. P.	2 Source	7a B	IRTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED		OR COUNTY OF DEATH	Y "
The fee	Pied	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPATI	ION 126 KIND	OF BUSINESS OF
201 rs aff	107/	C	HEVERLY		GEORGE S		HOSPITAL	merchant		ctrical
S in G	De De	11101	AL RESIDENCE (IF NURSING HOME STATE Md 136 COL	OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13. STREET ADDRESS	a. <sub>1</sub>	ppliance
AND 2 24 h	must		nd is con	PG PG	134 Claurer		YES NO	405 Mont	gomery Stree	et
MARYLAND ed within 24 mpletely fille and 2 should	in a	14. F	ATHER'S NAME				15 MOTHER'S MAIDEN NA			KS-MK
MAR ed w mple and	M.Com		"DeWilton F	i. Bonal	dson last		FIRST Min	nie Mitchell		LAST
	0		WAS DECEASED EVER IN U.S. A		16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	SS	
BALTIMORE cate be execu ysician and c apers. Pages wal.	nedi		YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	21.6 05 2	2056A	Mary B. Don	aldson above	e	
e be ers.	÷ ÷		18 CAUSE OF DEATH (Enter of	nolumno cauca no	s line for (a) (b) and	die			APPR	OXIMATE INTERVAL NONSET AND DEATH
55, 201 W. PRESTON  juines that the death or signed by the attendin hen please remove carle hand or semantion or	ury, ar ather tra	z	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO O		(2	NOT RELATED TO THE TERM	AINALDISEASE OR CON	DITION GIVEN IN PART	1(a)
o ree	- y in	CERTIFICATION	19a DATE OF OPERATION	TION CONIC	NITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINE	NINGS LISED
REC.	a a G	F.	178 DATE OF OFERATION	778 COIVE	THOR TOR WHICH	OFERATIO	TO WAS TERI ORMED		IN CERTIFYING CAUSE	ES OF DEATH?
TAL The iician		ER	7] a ACCIDENT WAS UNDERLYING	216. TIME C	OF IN IURY		21c HOW INJURY OCCUR	YES NO	YES D	NO 🗍
Physical Phy	18		OR CONTRIBUTING CAUSE OF D	EATH HOUR A	.M. MONTH DA			(incompany)		
YSICI ding a s cert	Her	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 71d INJURY OCCURRED		OF INJURY	19	211 LOCATION			
PH' PH' tend tend	o pa	ME	WHILE   NOT WHILE		TREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	wn county	STATE
DIV ING	Jark		AT WORK				10 -9	4	7 9	
END ola ola ola Fuse	ism		22a. I certify that (I) (this has sow the deceased alive of	-		7 9	nd that in (my) (our) opinion	death accurred on the d	ate and hour and from the	, that (I) (we) lo
R ATTEN haspital RECTOR	m 2		obave, (I) (we) (did) (did)	at view thebook	atter death	, 0	DEGREE	deam accorred an me a		
0 9 0 0	# # #		14.14	al rev	. 0.1	1		MEDICAL STA		- 2.77
by the ERAL	Z	-	224. PHYSICIAN'S NAME ATYPE	OR DOINT W	V 53.8.570				LIAN	
O HOSPITAL  To FUNERAL  should be det	MPORTA		17 - A . M	olau	11.11.	n.	6605 L	and ove /	Rt Che	uly
6103	5 5	23a.	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	AL 236 DATE	23 c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP	- 13	7	Λ.	11ct Cl	7,13/5	- vy m	.11 Cemetery	Laurel,	Maryland	
DHMH - 16 50M 7 (VR A 15 (4))		2	UNERAL DIRECTOR	HI	And ADDRESS !	MX	25a. DA	MAR 12 1979	256. REGISTRAR'S SIGN	Co Cready

79-07-92			
Journal of the Control of the Contro	305,715,176 (XC	1.78	Ast The Base of
	Telef. ad . sen	93.84	
THE CONTRACT OF COLUMN			
Lesignate The Sheet Sheet	Derignes can be a	PRINCE CENSE	y literary and
		Ant Tr	
Piedosi ekm.		TOTAL TOTAL . TO	122.00
2/072 1093/170	en .u. ensil iz 200 al		62
	7 - 115 2 AV	3.1	
15.3.2	7.7	2 - 10332	
Sound Brusha	7.10 6205 1	Malauis	
MAN IS BUT STRAM			

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN MONTH YEAR (TYPE OR PRINT) OF ESTI-DEATH MATED Katherine 3 2 19 79 Marie Donohue IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. SEX 2c. DATE 10:46 LAST BIRTHDAY) PRONOUNCED DEAD 1979 a. M female white Th CITIZEN OF WHAT 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George County WIDOWED DIVORCED FILED, V 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IE NOT IN SUCH EACILITY, GIVE STREET ADDRESS) Prince George Hospital Cheverly Jecretar JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMI 130 STATE VITSIMA 136 COUNTY 134 CITY OR TOWN AP/ING + 134. INSIDE CITY LIMITS? 600 NO [ PAGES 1 AND 2 S 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST EIRST INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY ADDRESS PAGES (YES, NO. OR UNKNOWN) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH BURIAL-TRANSIT PERMIT.
NND MENTAL HYGIENE, I PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Asphyxia from ligature strangulation of neck DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CHIEF MEDICA E USED AS A E OF HEALTH A CERTIFICATION CREM. 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DRWARDED TO THE CH R. PAGE 3 SHOULD BE L STATE DEPARTMENT O 21201 PRIOR FO BURIAL YES X NO [] 216. TIME OF INJURY HOUR AND MONTH DAY YEAR 710 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING X OR MEDICAL 3/ 19 79 found strangled CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME. AT WORK NOT WHILE parking Lot 8417Hamlin, Glen Arden MD 212011 Prince Geo AT WORK AGE 4 SHOULD BE FORM O FUNERAL DIRECTOR: P FTER DEATH, WITH THE ST ALTIMORE, MARYLAND, 21 22e. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Hamicide X death resulted fram. Accident Undetermined manner TITLE (SPECIFY) 3/4/79 ACTUAL Assistant DATE SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME Hormez R. Guard, M.D. 111 Penn Street, Balto., MD 21201 (TYPE OR PRINT) PAC O 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236, DATE BP 25LAZGISTRAR 250. DATE REC'D. BY REGISTRAIL **DHMH-17** ADDRESS (VR A15 ME (5)) 15M 7/76

		FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENT ICATE OF DEAT	Н	REG. NO	, V	-07	494
		CEASED NAME OR PRINT) Ma:	IRST		A.		OVAN		March 21.	MONTH D	AY YEAR	26 HOUR 6:200
	3 SE:		4 RA	CE Whi	III. parel r	S. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
o <del>x</del> dwce.	C	RTHPLACE (STATE OR FORE			WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRI	ED &	Prince Ge	R COUNTY	OF DEATH	м
John Fred	H	TY OR TOWN OF DEATH /attsville	- "	F NOT IN SUC	acred Hea	rt Ho	PR OTHER INSTITUTE	ON	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  Navy Department			
r-must be	Di		LOUNTY LUMBIA	INSTITUTION,	GIVE RESIDENCE BEFOR 13c. CITY OR TOW Washing	/N	134 INSIDECTY LIA YES NO		13e STREET ADDRESS 4201 Cather	iral A	ve., N	•W•
exomline	Je	THER'S NAME FIRST Ohn	J. MIDDLE		Donovan		Annie	DEN NAM	MIDDLE		Sulliva	an
e medico		VAS DECEASED EVER IN ES, NO OR UNKNOWN) NO	U.S. ARMED F FYES, GIVE WAR C		579-60-0		17 INFORMANT Catherine	Dono	ADDRE Ovan - sist			#13
or ta buriat, crematian, c rinjury, ar ather trauma	NOIL		chich fliote the lost.	(b) G DUE TO, OF (c)		ENCE OF	NOT RELATED TO TH	HE TERMIN	NAL DISEASE OR CONL	DITION GIVE		
shows any	CERTIFICATION	190 DATE OF OPERATION				OPERATIO	N WAS PERFORMED		200 AUTOPSY? YES NO	IN CERTIFY YES	Land .	OF DEATH?
d or them 18	MEDICAL CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 121d. INJURY OCCURRE	SE OF DEATH XAMINER)	P./	M. MONTH D. M.	19	211 LOCATION STREET	OCCURRE	D (ENTER NATURE OF INJUR		RT 1 OR PART 2)	STATE
If Nem 21 is marked	V	WHILE AT WORK NOT WHILE AT WORK  220.1 certify that (1) (1) sow the deceased above, (1) (see) (did 22b. SIGNATURE	uis hospital) or olive an Manager (did not) view	ttended the	deceased from S	JAN 74, or	DEGREE ATTENI	DING	, to MAR 21	F	/ /	
with the State IMPORTANT:		1 HOMAS		)	•	nD	22e. ADDRESS 2600	1	DIRECTOR   PHYSIC		Rapy	
* 4	230. E	urial, cremation, respecie Burial	3	DATE -24-7	'9 Ce	dar H	EMETERY OR CREMA		23d LOCATION CITY OR TOWN Suitland	i, P.G	COUNTY Maj	state ryland
7/77	24. FU	INERAL DIRECTOR			Funeral gton, D.			250. DATE	R 30 1979	75b. REGISTR	AR'S SICHIAT	Treedy

: `	and Assessed	a tave	DG . A		
			ndeo coin	or All	ofmet.
	servoso sonitri				i tin ti
	Sar construction	oline	of one frame		
	w. durin ke daa		nesenhian (	side fol	Motofreal
		u.t.ur.	rusvorus		ruio

\$ 5 79 . 10:55		YELIASO		12-8	JI, 14
	0 5~	ist , Et com		±165	e to d
REETS COUNTY	DAD PS/1889	7		ATT	Print Comment
	. 10%	JAT 1930H 155	) embarca	T. i L.	T PARKEY
intens Street	ion tenn		eigović	Non Con's	hen Eyrni'
enr fell	SUlon	nibusta	yo kami	dosent n	dati
evado en emps (e	in the continue of	. Etertwell 28	00-20-057	1	10
		SHETTING MECKOSIS			
	7.1.V Y.1.V				
	1. V				
	7.1.3/ Y.1.3/				
	7.1.V Y.1.V				
	7.1.3/ Y.1.3/		SELOA		
	7.1.3V Y.1.3V X	MIC COWN CEINIC	SELOA		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-07496 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 1. DECEASED NAME 2h HOUR (TYPE OR PRINT) RUTH 26 MARCH 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS HOURS white 30 1896 Female 82 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY COUNTRYONIO MARRIED NEVER MARRIED USA Prince Georges WIDOWERK DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR Manor Care Nursing Home TYPE OF WORK FOR MOST OF WORKING LIF own home Adelphi USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Montgomery Takoma Pk 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland YES THE NOT 719 Eastern Avenue 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST (unknown) (unknown) ADDR/305 Glendora Ct. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 578-46-8690 Frank H. Drish-son-Hill Dist. Hghts none no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY FORBROVACULAR OCCLUSION IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF MINIOSCLEROFIC CEREBRO VISCULAR DISEASE Canditions, if any, which gove rise to immediate couse (o), stating the underlying couse pleo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 CERTIFICAT 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21s. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased fram. MARCH sow the deceased olive an. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated obove\_(1) (we)(did)(did nat) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL TO FUNERAL C should be deto with the State C IMPORTANT: If 7430H 261 DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS RICHMAK RSMNGSDI 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 2500 Burial Arlington Virginia 3 - 30 - 79Arlington National 24 FUNEANEGORE. Pumphrey, Inc DHMH - 16 60M 7/73 (VR A 15 (4)) Md( 8434 Ga. Ave., S.S.

38 170 - 07			
		533.7	
e and good of gardening			
		- OFF TO THE PROPERTY.	
Description of the second			
Makes and the same		40 17-11-7	
	Marine State of the State of th		

the state to be an expense.

	io.	15		20.00
	dier redu			SIARY
				AUSEL USA
K LT E STOR			REDUAL	ELA MERUHA
хирици Т				ar Dan Cyffar
				d dionat
BUTTON SUSE	form small		A A	
	T VE III			
		00	T limb	
	~ MONT	199	orani G M	
rovi	rice descrip	invi	2/12/19	[First 1]

-	25	o deling	· Maria	
7	A	400	2	40.00
Carlo.	100	1		1
-	h.		Ja.	

03 23 79 7:15	Cope open	pioed 44	312	
7/12	Contract of	an in the span		STAMES
PRINCE GEORGE'S COUNTY			TEAT.	GRANNAH L
	YTI	DED CARE FACIL	EXTEN	CHEVERLY
729-01st Avadem,	Elle banti.	mon, ethiod si	io in a	THATTAGE
70.1007				MALLETY
TOTAL STATE OF A STATE	THE GREATER	on the state of th		- OR
	Tragen 4			
	THE STATE OF			

	Items #2d FilmG530 4/25/79 rc STATE OF MARYLAND					
	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH  PEGISTRAP					
	REGISTRAR  DECEASED NAME (TYPE OR PRINT)  NOT VIN DAY VE  OF ESTI-  DEATH MATED 3 3 19					
N STREE	SEX 1. DCE S. DATE OF BIRTH  MONTH - DAY  YEAR  1. AST BYTHOAY)  AND HOURS MIN PRONOUNCED 3-3  MONTHS DAYS HOURS MIN PRONOUNCED 3-3	79 179 PA PM				
1	6. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  7. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED   9. BALLMORE CITY OR COUNTRY  WIDOWED   DIVORCED   PARME CIEVA	9 MD				
AND SERVICE	HOUSE MY 120 LOCAL PATION (TYPE OF WORK )  NOW STREET STRE	NIND OF BUSINESS				
AND	ISUAL RESIDENCE IF IN NURSING HOME OR CHINA BUT MESIOPICE BEFORE ADMISSION)  STATE  TO COUNTY  TO C	teel but 109				
MD. STH.	1. FATHER'S NAME  DOCK  DOKE	115TON				
BALTIMORE, UURS AFTER DE B. GIVE PAGE WITH FORM T. PAGES I AN DIVISION ON	60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  16b. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  78-70-590.5 MARIA DUKES IW. Fe SAME	15 13e				
I W. PRESTON ST., ED WITHIN 24 HOL EPROCIL IN ITEM 18 AMINER ALONG IL ILTRANSIT PERMIT. AENTAL HYGIENE, IC R REMOVAL.	18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.  (c)  CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)  DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
ITAL RECORDS, 301 SHOULD BE EXECUT CHIEF MEDICAL EX E USED AS A BURIA OF HEALTH AND A IAL CREMATION, OI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (a).					
OF VITAL RECORDS,  ATE SHOULD BE EXE.  E WORD "PENDING".  THE CHIEF MEDICA.   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  216. EXTERNAL CAUSE WAS  216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PAR	20 AUTOPSY?  YES NO					
THE WENT OF BUR	216. EXTERNAL CAUSE WAS 217. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	T 2)				
R: THIS CERTIFIC TE, WRITING TH SPACED TO SPACED 3 SHOUL S: STATE DEPARTOR 21201 PRIOR TO	UNDERTYING OR  CONTRIBUTING CAUSE OF DEATH P.M. 19  THE INJURY OCCURRED  WHILE  AT WORK  THE INJURY OCCURRED  STREET, EACTORY, FARM, ETC.)  STREET  CITY OR TOWN  COU	INTY STATE				
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FOWN TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 217,	220. I certify that I taak charge of the remains described abave, held an Autapsy , Inspection , Inquiry , and in my api death resulted fram: Natural caures , Accident , Suicide , Hamicide , Undetermined manner , THE SPECIFY)  ACTUAL SIGNATURE  MEDICAL EXAMINER SIGNATURE SIGNATURE SIGNATURE	8-3-79				
CO MEDICA XECUTE TI AGE 4 SF O FUNER VETER DEA	EXAMINER'S NAM PLACESTO P RODE PELL GZ ADDRESS > 800 Willow Wind Cive					
5000	236. BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OF CREMATORY 236. LOCATION CITY OF CHURCH 236. LOCATION CITY OF CHURCH 236. DATE REC'D. BY REGISTRAR 256. DISTRAR'S S.	IN STATE				
(VR A15 ME (5))	NAME WILL BACON 3447-14 ST. NW MAR 5 1979	helredy				

00110-07 the state of the s

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

79-07500

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-0750 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN TTYPE OR PRINTI OF ESTI-James Renod Dyson 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR SEX IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male Black 13 DEAD 1079 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY Maryland

10 CITY OR TOWN OF DEATH DIVORCED USA Prince George's County 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY Prince George's General Hospital Infant Cheverly 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13g STATE Prince Georges, Lanham Hamlin Street Md. NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST James Horton Andrea Dyson 17. INFORMANT 84370 Hamlin Street 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. No Andrea Dyson, Lanham, Maryland None CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Sudden Infant Death Syndrome IMMEDIATE CAUSE (o)\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 (n) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 71g EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 218. PLACE OF INJURY (ATHOME. II. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE NOT WHILE X 22a. I certify that I took chorum death resulted fram: Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE Deputy Chiefpical EXAMINER 3/14/79 Thomas D. Smith, M.D. EXAMINER'S NAME 111 Penn Bt. Balto., MD. TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 736 NAME OF CEMETERY OR CREMATORY Burial Lincoln Mem 24 FUNERAL DIRECTOR (VR A15 ME (5)) Robert G. Mason, Inc .- Washington, D. C. 15M 7/76

16570-67 one type in the life court assume the total 

16		TI	FOR	28 riim (	1530 4/19			IE OF M	AKTLA	ND						
4		1-	STATE				MENT OF							7 0	0750	. 0
			REGISTRAR		MI		EXAMIN			CATE	OF DEA	TH	REG. N	d 9 -	0/51	16
1	63		CEASED NAME			WIDDLE			AST			OF DATE K	NOWN [	HTMOM K	DAY YEAR	7b. HADNR
	Et S. F.			Roy		F.		E	deler	1	3000	DEATH A	MATED [	3-1:	1 1979	10:25
	D BR	3. SEX	(	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE		DER 1 YR.	IF UNDE		2c. DATE		HINOM	DAY WAR	2d. HOUP.
	SARY NI DINE YOU N 72 t	M.	ale	White	Nov 9,3		92 Y	- Miditin	DAYS	HOURS	MIN	PRONOUNC	CED	3 - 11	1074	1000
	NECESSARY FUNERAL DIFFERENCE FOR YOUR TREE W. PRESTON STREE	7a. B	RTHPLACE (51		76. CITIZEN OF W	VHAT COUN		8				9 BALTIMO	RE CITY	-	Y OF DEATH	- Cl. M
	NECESSA FUNERAL 5 FOR Y WITHIN W. PRESTO		Marylan	4	USA			WIDOWE		VER MARI	CED	Prin	oce G	eorge	Q	
	200.3 -		TY OR TOWN		11. NAME OF HO	-	RSING HOME					AL OCCUPA			12b. KIND OF B	MD.
	DELAY IS TO THE A PAGE BE FILED		r 1		(IF NOT IN SUCH F	ACILITY, GIVE S	TREET ADDRESS)				FOR N	Clerk	NG LIFE)	TEON WORK	OR INDUS	RY
	DELL N P P P P P P P P P P P P P P P P P P P		Lanham	(IF IN NURSING HOME O	Magnoli	la Gar	dens N	ursin	g Hor	me		Clerk			Restau	rant
	- SEAGE		TATE	13b COUN		13c. CITY	OR TOWN		3d INSIDE C	CITY LIMITS?	13e. STRE	ET ADDRES	S			
	F AND SHOULD RECO	M.	aryland	Pr.	Geo's	West	Hyatt	svill	e ES X	NO [	60	01 37	7th A	venue		944139
	MD. 2	14. F/	THER'S NAME		MIDDLE		LAST			ER'S MAIL	DEN NAME	MID	DIE		LAST	
	RE, MD. :		Ed	ward Ede	elen		LAST	1000			elaid	e V Sh	erif	f	t A SI	
				EVER IN U.S. ARA		16b. 500	IAL SECURIT	Y NO.	7. INFOR	MANT		- 10	ADDRESS	S		
	BALTIMORE, RS AFTER DE GIVE PAGES WITH FORM PAGES 1 AN DIVISION OF	(1)	es, no, or unkno	WN) (IF YES, GIVE V	WAR OR DATES)	578	18 587	2	Chri	istin	e Mo	ore (	daugh	ter)	same as	13e
	URS AFTEI WITH FO PAGES DIVISION			F DEATH (Enter anl	v ann saute nor lie				0111		110	010 (		7	APPROXIMA"	
	A 18. VA 18. VE, D		PARTIDE	ATH WAS CAUSED	BY:		selev	afie	A a.l	-lis	1/610	1.10	1 -lis	1300	BETWEEN ONS	T AND DEATH
	STON ST., IIN 24 HOIL IN ITEM 16 SIT PERMIT HYGIENE, VAL.		112	G SIMMEDIAT	E CAUSE (a)		ISEQUENCE (		COV	1400	1000	urur	(11)	holy the trave		
	EST SIT A N		Condition	is, if any, which	DUE TO, O	K AS A CON	ISEQUENCE (	Jr								
	WIT WIT WAT AND TAIL WON WITH WAT AND TAIL WON THE TAIL WON THE TAIL WAS AND THE TAIL WAS A		gave ris	se ta immediate	(b)											
	301 W. PRESTON ST., CUTED WITHIN 24 HOU IN PENCIL IN TIEM 18. EXAMINER ALONG MALLIFANSIT PERMIT DID MENTAL HYGIENE, I, OR REMOVAL.	7	lying cau	stating the <u>under</u> - se last.	DUE TO, O	RASACON	ISEQUENCE (	OF							100	
	XECUTE G'' IN P CAL EX. BURIAL AND MI	-73			(c)											
	L RECORDS, 3 ULD BE EXEC "PENDING" "PENDING" "FE MEDICAL SED AS A BUI HEALTH AND CREMATION,		PART 2 OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING TO DEAT	H BUT NOT RELA	TEO TO THE TERM	INAL DISEASE	OR CONDITIO	N GIVEN IN P	ART 1 (a).					
	RECORI	ON	14	nt hip	Mecho	ur.										
	ALRE HOULD "PED USED OF HE, CRE	N. C.	190 PAGE OF	CLEATION 18	196 COND	ITION FOR	WHICH OPER	ATION WA	SPERFOR	RMED?					20. AUTOPSY	?
	SHOI ORD CHIE	TE	12-1	5-78	H	ip 7	Vac his	LE							YES 🗆	NO 🗆
	BIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXES STRING THE WORD "PENDING" RDED TO THE CHIEF MEDICAL RES SHOULD BE USED AS A 8L E SPRANKENT OF HEALTH AND PRIOR TO BURIAL, CREMATION	CERTIFICATION		L CAUSE WAS	21b. TIME C		DAM MEAN	21c. HO	W INJURY	OCCURR	ED LENTER N	ATURE OF INJUR	RY IN ITEM 18	PART I OR PAR	RT 2)	
	ION C TIFICA TO THE HOUL HOUL		UNDERLYING	NG CAUSE OF D		M. MONTH	DAY YEAR	Fe	11-6	m.	WELK	2				
	VISIC CERTII ING TED T 3 SHI BEPAI RIOR	MEDICAL	21d. INJURY C			OF INJURY	(AT HOME	21f. LOC	ATION							
	DIV RETIE SE 32 FE DO	X	WHILE AT WORK	NOT WHILE	La NE	CTORY ARM, E	ner Ca.	ST.	SO L	6 New A	P	CITY OR TOWN	N NGM 3	2 8	ED GEO	LA STATE
	THIS ;, WRI ;, WARE WARE PAGE STATE	-	AT WORK	ATWORK				7 60	70 00	170	Nova	Tra	9 1	71674	1600	-22
	EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: WITH THE		22a. I certif	fy that I taak charg			-	Autapsy	· L.	Inspection	an 🖭,	Inquiry L	, or	nd in my ap	inian	
	EXAMINE CERTIFICA JLD BE FO DIRECTOI WITH THI ARYLAND		death resulte	ed fram: Natur	al causes XI,	Accident	Su Su	icide	Hamie	cide,	Undete	rmined man	ner,			
	WIT WITH	9	4.671141	2	OV	0.			TIME (S	SPECIFY)					4 /1	5-703
	A P P P P P P P P P P P P P P P P P P P		SIGNATURE	Migue	9 / E	12664	1463	M.	1)1	puty	MEDI	CAL EXAMI	NER	DATE	3-11	19
	AEDICAL UTE THE UNE A SHOIL UNERAL R DEATH, IMORE, M				- 0	2 11	.()		1/	/	m lal	1101	1.1	111	100	THE
	₩⊃ <b>.</b> ラ~ ₹		EXAMINER'S (TYPE OR PRIN	NAME GIGGE	510 /	KADE	stille	2	DDRESS	1780	11 1631	16000	41220	Coses	4, MM	illen
,	TO M EXEC PAGE TO FI AFTEI BALTI	23a. B	URIAL, CREMAT	TION, REMOVAL 2		23c. N	NAME OF CE	METERY OR	CREMATO	DRY	23d, LO	CATION	Mi	100	072	Sur III
0	000	(:	Bu	rial	dar 14, 1	1979	Ft Lin	coln	Cemet	tery	CHIL	rentwo	od R	ro Ge	drues .	Md.
	DHMH - 17		UNERAL DIREC							25e. DATE	REC'D. BY	REGISTRAR	15h 213	struit	KALTURE OF	
	(VR A15 ME (5))	Fr	ancis (	asch's S	ons, PAOH	yatts	rille,	Id.		MA	R15	19/9	1	/	1	
	15M 7/77												_	-	- 1	

21270	- 8 Value History				
		10 feet 1			
			deal, wou	697,670	all.
	estroit realing		112		Mary Line
denostra	l'acti	Boll and will im			
	27 h Arture	Killer Halvas well	o W 1500	. 1.5	
	Tiland I skitch				
	ni (miniferan) ameni in				olf
				S. + -	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST THOMAS MIDDLE W DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED Limas DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE LAST BIRTHDAYL PRONOUNCED LL 7 YRS DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Washington . D.C. United States WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 13. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION D.C. Govt (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MALT CYCKE Camp Springs Md P.G. GENERAL HOSPITAL Cedell Prince Georges Camp Springs 30 STATE 33d. INSIDE CITY LIMITS? 1606 CLEANAR Place Maryland IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Edelin Beatrice Wilson Thomas 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7. INFORMANT ADDRESS Carrett 4606 Cedell Pl. LIF YES, GIVE WAR OR DATES 577 48 1517 yes Korean DIVISIO CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE, IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 301 W. lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). × USED 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 90 YES | NO . 8 DEPARTMENT 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 714 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Inspection and in my opinion DIRECTOR: Homicide L death resulted fram: Natural coures Accident Suicide Undetermined manner TITUE (SPECIFY) EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, P BALTIMORE, MA SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OF CHEMATORY Burlal Mar 8,1979 Maryland Veterans Cem Cheltenham DHMH-17 20M 1/73 24. FUNERAL DIRECTOR (VR A15 ME (5)) ALEXANDER S. POPE 2617° Pennsylvania Ave., S.E.

19-07503

erint ton. .i. mite toon

Alle Kar Della

erine are to too too in the

- Initial Place

oil lon: no.cet

ronfi rilin ratio

المراز ا Jame James, Derien

or , 7 cords oborate lon. Coltenate, gralant

2	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	79-07504
	DECEASED NAME FIRST TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
deo	WALLA	2-0-12-17-021	EDINGTON Sr.	03	14 79 8:12
3.	Male	White	July 4 1895	6. AGE (IN YEARS LAST BIRTHDAY)  83 YRS	IF UNDER 1 YFAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
ou /	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Arkansas	76 CITIZEN OF WHAT COUNTRY	MARRIED TO NEVER MARRIED	9. BALTIMORE CITY OR COUN PRINCE GEORGE	NTY OF DEATH
o p 10	CITY OR TOWN OF DEATH		WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
274	CHEVERLY	PRINCE GEORGE'S	GENERAL HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING Executive	126. KIND OF BUSINESS OF INDUSTRY Treasur
t must	Md. Pri	or other institution, give residence before JNTY 13t. CITY OR TOV	VN 13d. INSIDE CITY LIMITS?  YES NO NO	13e STREET ADDRESS 6815 Riverdal	e Rd.
uimo 14	FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST
ox _	Hunter	Stark	Minnie	Touise	Boyd
S 16	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES	URITY NO. 17. INFORMANT W1	1000000	
a dica	No	216-44-9	382 Rosa A. Edin	gton. Same as i	tem 13.
ent, the	PART I. DEATH WAS CAUS	anly one cause per line for (a) (a), as SED BY: ATE CAUSE (a)	La Ang	<del>st</del>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
iai, cremation, ar or ather troumotic	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)	ply serve  Fre	moria	
×		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
Na shows any	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
	00.00.00.00.00.00		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	IS, PART 1 OR PART 2)
morked or Hem	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is	saw the deceased alive of above, (1) (we) (did) (did)	pital) attended the deceased from 19 19 19	79, and that in (my) (our) opinion	death occurred an the date and b	, 19 <u>29</u> , that (I) (we) lo hour and from the causes stated
LT. If Hem	22b. SIGNATURE	Colol	DE GREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22C. DAT SIGNED
IMPORTANT	JOSEPH	COLFLIA M.D.	P.G.G.H.SM.C	CHEVERLY MO	
≥ 23	BUDIAL CREMATION REMOVA	L 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
1600	(SPECIFY) Burial	3/17/1979 F	t. Lincoln Cemetery	Brentwood, N	laryland.

JOSEPH GAWLER'S SONS INC. 5136 W136. AVE., N. W. WASH., D. C. 28916

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

and was to a first reduced to the Aspendial Services.

w /		3	FOR	DEPARTMENT O	F HEALTH AN	ND MENTAL HYGIEN	£	
Y		1-	STATE REGISTRAR	MEDICAL EXAM	NER'S CER	TIFICATE OF DEA	TH REG. NO	70-07506
1	*****		CEASED NAME FIRST	MIDDLE	LAST	5	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR IN HOUR
	PIEAS DIRECTOR DIRECTOR DIRECTOR DIRECTOR	3. SEX	Tale Black 5.	DATE OF BIRTH MONTH DAY - STEM TASLBIRT			2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR 24 HOUR 3-7-3 1079 DA
•	纏轉)7		RTHPLACE ISTATE OR THE REIGH COUNTRY)	CITIZEN OF WHAT COUNTRY?	18	NEVER MARRIED	9. BALTIMORE CITY O	OR COUNTY OF DEATH Orge's MD.
	A STATE OF THE STA	4	ueville,	NAME OF HOSPITAL, NURSING HO.	GEM. / FT.	NSTITUTION 12ª USU Profession Re		OF WORK 12h KIND OF BUSINESS OR INDUSTRY
21201	2, AND 3 TO THE 3. AND 3 TO THE 3. RETAIN BAGE SHOULD BE FILED IN RECORDS, 30	136.5	LARESIDENCE (IF IN NURSING HOME OR O PATE (28) COUNTY (17) (28)	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMIT	13d.	INSIDE CITY LIMITS? 139. STRE	ET-ADDRESS/es 6	ie Apsenue
MD.	E PAGES 1, 2, 2 FORM PM 3. ES 1 AND 2 SI ON OF VITAL	14. FA	THER'S NAME FIRST UNKNOWN	AND LE LAST	15. /	MOTHER'S MAIDEN NAME unknown	MIDDLE	LAST
BALTIMORE	URS AFTER B. GIVE PAC WITH FOR PAGES 1 DIVISION C	16a. V	(IF YES, GIVE WAR	D FORCES?  16b. SOCIAL SECUP  247-18	-2147x	Ms. Betty	Carter-C	daughter
ON ST., B	N 24 HOUR: VITEM 18. O PERMIT. P. YGIENE, DIV.		18 CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED BY IMMEDIATE OF	CAUSE (a)	lewho	Carded V.	as enler	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
V. PRESTO	= 7 = 4		Conditions, if any, which gave rise to immediate cause (0) stating the under-	(b)				
S, 301 V	EX. EX.		lying cause lost.	(c)				
RECORDS,	BE ED NO	NO		TRIBUTING TO DEATH BUT NOT RELATED TO THE TE				
A	ちの主いい	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OP	ERATION WAS P	ERFORMED?		20 AUTOPSY?
DIVISION OF VIT	CERTIFICATE SHATING THE WORNED TO THE CE 3 SHOULD BE E DEPARTMENT OF PRIOR TO BURIA		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AR	NJURY OCCURRED (ENTER N	ATURE OF INJURY IN ITEM 1B P	ART 1 OR PART 2)
DIVIS	A A A A A A A A A A A A A A A A A A A	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211 LOCATI STREET	ON	CITY OR TOWN	COUNTY STATE
•	XAMINER: 1 ERTIFICATE, 1D BE FORV URECTOR: P WITH THE ST ARYLAND, 21		22a. I certify that I took charge of death resulted from: Notural of ACTUAL	2 DX	Suicide .	FITLE (SPECIFY)	Inquiry , one	d in my opinion
	TO MEDICAL EXECUTE THE CRECUTE THE PAGE 4 SHOUTO TO FUNERAL PAFER DEATH, BALTIMORE, MY		EXAMINER'S NAME AUGUST	to P. Rodriguez, M.	D 1:	2800 Willow W	calexaminer ind Circle,	Oxon Hill, Md.
36	PATC	230. B	JRIAL, CREMATION, FEMOVAL III. PECIFY) Tial		EMETERY OR CR		CATION	COUNTY STATE
	BP		rial JNERAL DIRECTOR	3/28/79 Maryl	and Na		registrar 236, Regis	
	DHMH - 17 (VR A15 ME (5))		tewart Funeral	Home-4001 Ben	ning R	oad MAR 2 7 19	79 June	my Me Cready

STATE OF MARYLAND

07.70-6		
<b>全国产业</b>		
	r of the rift	n omin
Lacking ii - es	and the state of t	o <sub>n</sub>
200		
inclusion (1911)	n only wolfin CO'SL _ 10, 4 month	office of the second
Tarings,	e n o more all un trans-	
	Pvel vo. and once of tales to	

reciped poers for the respect to the light profit weeks to their

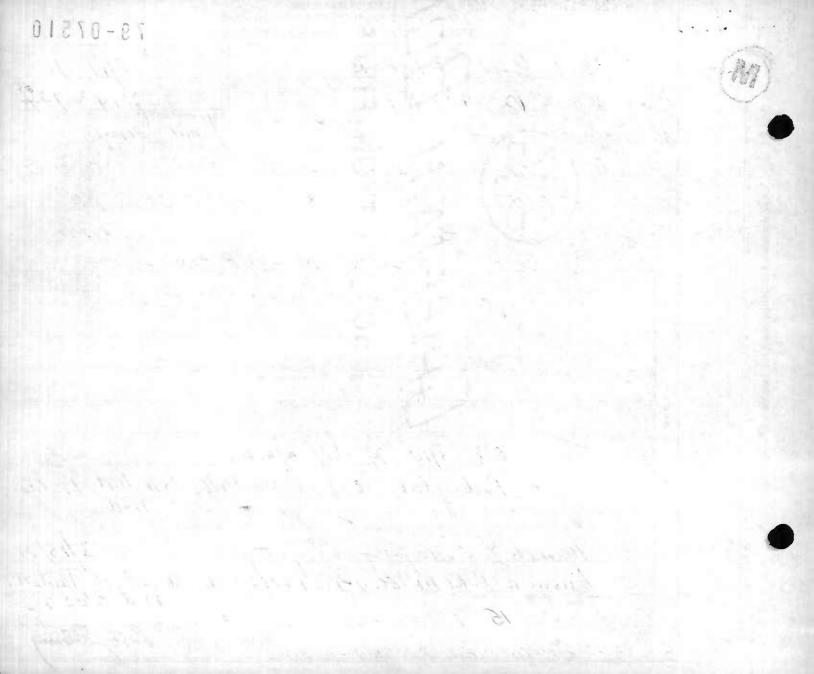
Tesatron print to the stock of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTImna Fenedick
AGE (IN YEARS I IF UNDER 1 YR. 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE DAY PRONOUNCED DEAD CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Pa. U.S.A. DIVORCED AGE S II. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION ION STYPE OF WORK 12b. KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Own Home House wife P.G. Hospital 3. RETAIN PA Cheverly RECORDS JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Camp Springs 4613 Henderson Rd. NO [ YES AND 2 S 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST FIRST MIDDLE LAST Mital McGasko Anna Andy OF 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 7. INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) 577-84-2202 Same as #13 Marcella Mesarick CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BEJWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Low Seluste Corder Vercular direc IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF MEDICAL EXAMINES Conditions, If any, which ED AS A BURIAL-TRANS gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 9 Obol. horning CERTIFICATION 19a DATE OF OPERATION 20 AUTOPSY? TO BURIAL, YES [ NO [ 먊 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e. PLACE OF INJURY (ATHOME, 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213 22a. I certify that I took charge of the remains described above, held an Hamicide death resulted from: Natural causes Suicide Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER 12800 Willow Wind Circle, Oxon Hi Bodriguez.M.D. EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 3-19-79 Shenandoah. St. Stehhen Cemetery 24. FUNERAL DIRECTOR 250. DATE REC'D. MAEDS REGISTRAR'S AND LATURE **DHMH - 17** (VR A15 ME (5)) F. Gasch's Sons, P.A., Hyattsville, Md. 15M 7/77

40-04				
				E ST
X TAXE TO THE		27		
100 100				• 0
n de La galacia de la compania del compania del compania de la compania del compania de la compania del compania de la compania de la compania de la compania de la compania del compania d		Let be raft		The bank Lyd T
Ir secret on End				
Levill	nm l			and the same
counter the same as the	er former	STEE OF STEE		
process of the same		in No.		~ ~
	AND THE			
[N] roys,=[mis bmis borff*	12 00	aviolation 2	CORPORA IN	
become out, telephistic.	a stime t	minus 12	0=-01=0	1-1-1-1-1
		i ,oftir is	e. 1.1. an	

#249Z		EASED NAME OR PRINT)	FIRST Wi.	11iam	Cody		Ferguson	_	OF ESTI- DEATH MATE			YEAR   21
	3 SEX	_	white	5. DATE OF BIRTH April 6	6. AGE (IN YE LAST BIRTHD 38 Y	AY) WORTH	DER 1 YR. IF UNDER	24 HRS.	2c. DATE PRONOUNCED DEAD	MONT		YEAR 2
77	So	THPLACE (STATE (EIGH COUNTRY)	olina	U.S.A.		WIDOWI		CED	Prince	Georg	e Coun	ty
PAGE PILED SS, 301	Jestination 2									OF BUSIN		
RETAIN PEL		RESIDENCE (# IN ATE ryland	P.G.		Laurel	ION)	13d: INSIDE CITY LIMITS? YES NO	13135	02 Att	lebor	o Ct.	#2
ES 1, 2, 4 PM 3. A PM 3. SAND 2 SAND		THER'S NAME William	Cody	MIDDLE F6	erguson Si	4	Sarah	ENNAME	MIDDLE H		Smit	h
URS AFTER DI B. GIVE PAGE WITH FORM PAGES 1 A DIVISION OR	(YE	AS DECEASED EV S. NO. OR UNKNOWN)	ER IN U.S. ARA	NED FORCES? WAR OR DATES)	250-62-8		Patricia	A.		ress on s	ame a	s #:
S CERTIFICATE SHOULD BE EXECUTED WITHIN BITING THE WORD "PENDING" IN PENCIL IN RDED TO THE CHIEF MEDICAL EXAMINER AS 3 SHOULD BE USED AS A BURALTRANSITE DEPARTMENT OF HEALTH AND MENTAL HY PRIOR TO BURIAL, CREMATION, OR REMOVA	7	gave rise cause (a) star lying cause lo		(c)	Eroding ( R AS A CONSEQUENCE RUI NOT RELATED TO THE TERM	OF	or condition given in P		dle ear			
EF WEEN SED A	CERTIFICATION	190. DATE OF OP	ERATION	19b. CONDI	ITION FOR WHICH OPE	RATION W	AS PERFORMED?					TOPSY?
ERTIFICATE SHO ING THE WORD ED TO THE CHI 3 SHOULD BE US EPARTMENT OF RIOR TO BURIAL,		21ª EXTERNAL C UNDERLYING CONTRIBUTING	OR		A. MONTH DAY YEA		W INJURY OCCURR	ED (ENTERN	NATURE OF INJURY IN IT	EM 18 PART 1 O	R PART 2)	
OFFICE	MEDICAL	21d. INJURY OCC WHILE NAT WORK A			OF INJURY (AT HOME, CTORY, FARM, ETC.)		ATION		CITY OR TOWN		COUNTY	
WAR AGE ATE		00-1-01-01	at I taak charg	e of the remains de	scribed above, held an	Autaps	y X, Inspection		Inquiry .	and in my	y apinian	
MEDICAL EXAMINER: THIS GEUTE THE CERTIFICATE, WR. GE 4 SHOULD BE FORWAR THE MECTOR. PAGE TER DEATH, WITH THE STATE ITMORE, MARYLAND, 21201		death resulted f		olfauses 3,	Accident , Si	vicide	Hamicide	+	ermined manner	DA SK	TE SNED	3/4

6		Item #2d film (	3530 4/3/1		ATE OF MARY				
X		FOR STATE		DEPARTMENT OF				70 0	7510
		REGISTRAR	ME	DICAL EXAMI	NER'S CERT	IFICATE OF D	EATH REG	.Nd. 9 - U	1310
A STATE OF THE PARTY OF THE PAR		CEASED NAME FIRST	111	MIDDLE	LAST		20. DATE KNOWN OF ESTI-		YEAR 26. HOUR
TORRE	1	Paul	Word	F15H	BR		OF ESTI- DEATH MATED	- 3/1V	19 79 N
	3 SEX	4 RACE	5. DATE OF BIRTH		YEARS IF UNDER 1	YR. IF UNDER 24 HR	RS. 2c. DATE	MON/1 / DAY	YVAR IN HOLE
0 N N N N N N N N N N N N N N N N N N N	IN	Tale While	MONTH DAY	2-14 54	YRS.	YS HOURS MIN.	PRONOUNCED DEAD	2/100	7092
AN ALLANDON	70 B	RTHPLACE (STATE OR	76. CITIZEN OF W	HAT COUNTRY?	18		9. BALTIMORE CIT	Y OR COUNTY OF	DEATH
NECESSA PECUNERAL S FOR YOU W. PRESTON	FC	REIGN COUNTRY)	(1CA		-	NEVER MARRIED	Prince	Juic.	
70.7	100	TY OR TOWN OF DEATH	9-19	CDITAL MUDCINIC UO	WIDOWED L		USVAL OCCUPATION	14.00ge	IND OF BUSINESS
AY IS A THE F THED,	10.0	TOR TOWN OF DEATH	MONOT IN SUCH F.	SPITAL, NURSING HOA ACILITY FIVE STREET ADDRESS	ME, OR OTHER INS	IIIOIION IIZa C	OR MOST OF WORKING LIFE)	TYPE OF WORK	OR INDUSTRY
	6	revery	Trince	Beorge 1	Tenucal	Ungaly 1	Kared	CO	upenler
- 25 E E E	USU/	L RESIDENCE UN NURSING HOME	OR OTHER INSTITUTION, G	13c. CITY OR TOWN	SION)	SIDE CHY LIMITS? 13e. S	STREET ADDRESS	,	
E ANY E SHOULD I RECORD	12	rd. Sp.	GRO.	OXON HI			525 /	OCK K	0.
2 2.8.8.7	14. F/	THER'S NAME			15. MG	OTHER'S MAIDEN NA	ME		
PAN ND 2	1	A OS AA	MIDDLE	ZICUE	0 1	MINNIE	MIDDLE	SAL	1 NOPE
	160. V	ARS DECEASED EVER IN U.S. AF		166. SOCIAL SECUR	ITY NO. 17. INI	FORMANT	ADDR	RESS	3610
BALTIMORE, URS AFTER DE B. GIVE PAGE WITH FORM C. PAGES 1 AND DIVISION OF	(Y	S, NO, OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	122 11	2110-1	NO Eich	o came	De ins	1 12
BALTIM URS AFTE 3. GIVE P WITH FC PAGES DIVISION	$\vdash$		Ne	D//-/6	2/0/2	on risher	Schile	no liely	APPROXIMATE INTERVAL
ST., BA HOURS A 1B. G AG WIII. PA MIT. PA		<ol> <li>CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE</li> </ol>	nly one cause perlin	e for (a), (b), and (c).)	11. 13000	1 ATL	Charl	BEI	TWEEN ONSET AND DEATH
TON ST.  1 24 HG 1 ITEM 1 ALONG 1 PERMITYGIENE.	100	IMMEDIA	ATE CAUSE (0)	VIIISVIOI 1	ic-o ma	y Du	COC- PE		
STO NEW YORK		Conditions if any, which		R AS A CONSEQUENCE	E OF	0			
01 W. PRESTON ST., UTED WITHIN 24 HOU W PENCIL IN ITEM 18 EXAMINER ALONG V IALLIFANSIT PERMIT OR REMOVAL.		gave rise to immediate	e ) (b)						
ED WI PENCI CAMIN AL-TRAI AENTA		lying cause lost.	DUE TO, OF	R AS A CONSEQUENCE	E OF				
S, 301 W. PREST FECUTED WITHIN AL EXAMINER A REMEAL:RENSIT NUD MERIAL:RENSIT ON, OR REMOVAL		ly mg coose lost.	(c)						e various!
IL RECORDS, 30  DULD BE EXECUT "PENDING" IN IF MEDICAL ES  ES DA A BURL ESTATON, O  CREMATION, O		PART 2 OTNER SIGNIFICANT CONDITION	S CONTRIBUTING TO GEATH	BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	OITION GIVEN IN PART 1 (a).			
RECORDS, JID BE EXE PENDING" F MEDICA ED AS A BI HEALTH AN REMATION	N N								
REA HEA	F	190. DATE OF OPERATION	196 COND	ITION FOR WHICH OP	ERATION WAS PER	REORMED?		20.	AUTOPSY?
SHOULD ORD "PER CHIEF A FE USED I OF HEA	문								YES NO
DIVISION OF VITAL  S CERTIFICATE SHOU  RITING THE WORD  RDED TO THE CHIE  E 3 SHOULD BE USE  E DEPARTMENT OF  PRIOR TO BURIAL, OF	CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME O	F INJURY	Tale HOW/IN	JURY OCCURRED (EN	TER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	123 🖸 140 🖸
PICAT THE VOILE OULD RTME TO BI	10	UNDERLYING OR	36 71-7	MONTH DAY YE	31 11	1 mbleche			
SION STIFIC G TH C TO SHOOT	MEDICAL	CONTRIBUTING CAUSE OF	DEATH CITY A	OF INTERY / AT HOME	JUL LOCAVID	the factor	4		
DIVISION HIS CERT WRITING MARDED AGE 3 SHATE DEPA	WEL	WHILE NOT WHILE	TO THE	poer russ, e.g.s	STREE	Non	(/CITY/SETOWN/T)	- //coyngi	1) STATE
DIVISIC E: THIS CERTII E: WRITING E: WREED THE STATE DEPAI		AT WORK AT WORK	ron	cong lest.	6/66	O CVIM	WINI OX	14. 11/1	11. 600
		22a I certify that I took char	ge of the remains de	scribed obove, held an	Autopsy	, Inspection	Inquiry	and in mappinion	
E CERTIFICATE OULD BE FOR H. WITH THE S MARYLAND, 2			urol coures ,		Suicide . H	tomicide . Un	determined manner	7.	
XAMIII ERTIFI ID BE SIRECT WITH		-/1	(1)	1/7		LP SPECIFY)			- / 1
MAL DOUG		ACTUAL SIGNATURE MUCH	154 4	Courses.	5- 40 /	110000	IEDICAL EVALUED	DATE	113/79
ICAL THE SHO SHO SHO SHO SHO SHO SHO SHO SHO SHO		SIGNATURE	- 6	2	) M.U.	1	MEDICAL EXAMINER	SIGNED	1-1-1
TO MEDICAL EXAM EXECUTE THE CERT PAGE 4 SHOULD IN TO CUNERAL DIREC BATTIMORE, MARYL		EXAMINER'S NAME 1160	is to P.	RODRIG	LU DODRE	17860	Willie Wo.	nd Circle	Shulatte
PACT PACT	23a.B	JRIAL, CREMATION, REMOVAL	236. DATE	23c. NAME OF C	EMETERY OR CREA	MATORY 23d	LOCATION CITY OR TOWN	ug and	50 20
1405	1	CREMATION	3-16-1	14 CEDAR	HILL.		C.2. 7 10	/	md.
DHMH-17 20M 1/73 (VR A15 ME (5))	24. F	NERAL DIRECTOR	ADDRES			250. DATE REC'D	BY REGISTRAR 256. R	EGIRLAR'S SIGN	TURE
(AV W12 WE (2))	6.	0 1201.0 1.1	O DYAA) 6	Jul Rd 1	Xnal HII	CAN MIAK	T 9 13/3	habadi	·
	1		- VAN		CHR FILL	11111			



H.	6	/		FOR			DEP		E OF MARYLAND		ENE		7.0	0.7	
	1	•	1 -	STATE REGISTRAR				All the second s	ICATE OF DEA			REG. NO		-07	511
				CEASED NAME	FIRST		WIDDLE	- 170 550	AST		2a. DATE OF D		MONTH DAY	YEAR	26 HOUR
be	# 4 #		() (re	MA	RGARE	T A	nn	FLY	'NN	1 50			03 21	79	11:30 M
9	8.2		3. SE)		7	4 RACE		5 DATE (		YEAR	6 AGE (IN YEAR	S LAST BIRTH	MONT	NDER I YEAR	IF UNDER 24 HRS HOURS MIN
age 4	201	18		FEMALE		CAUC		10		48	30		YRS		THE STATE OF THE S
eoth. Po	LAV	47	CC	RTHPLACE (STATE OR FO		76 CITIZEN OF	WHAT COUN	MARRIE WIDOW	D NEVER MAR			_	RGE'S C		MD
on s ofter d	of the bear of the	74	10 CI	Y OR TOWN OF DEA	TH	LIE NOT IN SUC	HEACHITY GIVE	URSING HOME (	CAL HOSPI		120 USUAL OG (TYPE OF WORK F Statist	OR MOST OF	WORKING LIFE!	NDUSTRY	Gov't
ND 212	filled in tould be f	35	USUA 13a. S		NG HOME OR	OTHER INSTITUTION	GIVE RESIDENCE	E BEFORE ADMISSION)	13d. INSIDE CITY		13e. STREET AL		ley Rd.		
AARYLA d within	npletely and 2 sh	Solution Land	14 FA	THER'S NAME FIRST Bernard	N	AIDDLE A.	LAS Flvn	in. Sr.	15. MOTHER'S M	T		MIDDLE V.		LAS	ark
RE, A	0 -	Oipa		AS DECEASED EVER			166 SOCIAL	SECURITY NO.	17. INFORMANT			ADDRES	SS		-
I WO	Pog	a a	n	ES, NO OR UNKNOWN)	none	WAR OR DATES)	577-6	6-6673	Bernard	Flynn	, Sr.	3430	Brinkl	ey Ro	1.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	d by the attending physicose remove corbonpopicl, cremation, or remove	ar ather traumatic event, th		Conditions, if ony, gove rise to imm couse (o), statin underlying couse	which dedicate go the lost	DUE TO, O  DUE TO, O  DUE TO, O  (c)	R AS A CONS	SEQUENCE OF	n , (1)	Sub.	STEM E	CERE	fren		wate witerval Onset and death
ECORDS, 2	s been signe irmit. Then p	S any injury,	CERTIFICATION	PART 2. OTHER SIGN		Mest 1			NOT RELATED TO		200 AUTOP	Alle	20b. IF YES, WIN CERTIFYING	ERE FINDIN	NGS USED
AL R	e hor	Now	RTIF					His Engl		15.10		40	YES [		№ □
NOF VIT	certificat rial-tron ental Hyan	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEA	TH HOUR A.	DE INJURY M. MONTH M.	H DAY YEAR	21c. HOW INJUR	RY OCCURR	ED (ENTER NATU	RE OF INJURY	Y IN ITEM 18, PART 1	OR PART 2)	25.
OIVISION	affer this frer this os the bu	orked of	MEDICAL	21d INJURY OCCURE  WHILE NOT WH AT WORK AT WO	IILE 🗀		OF INJURY REET, FACTORY, O	OFFICE, FARM, ETC.)	211. LOCATION STREET			ITY OR TOW	N	COUNTY	STATE
ATTENDI	ECTOR: A d for use	m 21 15 mg		22a.1 certify that (1) sow the decease above, (1) (we) (d	d olive on.	3-21	- 774	_19, o	nd that in (my) (au	or) opinion d	eath accurred	on the do		d Irom the	
ITAL OR	RAL DIRE	e = Z		22b. SICONTURE	yla	16	seel	Qu li	PHY	ENDING YSICIAN	MEDICAL DIRECTOR	STAF PHYSIC		3 2	41/79
O HOSP	TO FUNE should be with the S	MPORTAN		STE MAZICHUZ NE	SE	2/2	OOF	119 JR	220 ADDRESS	000	4.	The	00281	1/2	Dane
1701	BP		{:	URIAL, CREMATION, PECIFY) Burial	REMOVAL	3/24/7	9		etion Cen	netery		ton	cou		state Md.
	H- 16 50M 7/77 RA 15 (4))	7		NAME P. Kalas 6	160 0	xon Hil	1 Rd.		ll. Md.		AR 2.7 1		756. REGISTRAR	'S SIGNAT	Budy

11010-61						
03 21 79 11:30			1.Y.17	ut	TERANS	91
	00	12 13	10	.00		
CENTRE'S COUNTY	DATES	×			D. C. 1	rot Liste
icin cd. der'.	init ma	LATITEDE	INEVENED ST	E GEORGE	211980	YUEVER
sinline ld.	DE E		atte e			.5
		9 0,				pu ma
J. 30 ye Pinter Of J.		ang III kamanan	T-1673	-7	0 0	Of
			De Mar			
					and the C	The second

3/4/79 Return solvion land to the sol

to. . Friend of the coon till see this, ed.

(A)	FOR STATE REGISTRAR
M. ne	I DECEASED NAM (TYPE OR PRINT)

mpletely filled in by the funeral director, page and 2 shauld be filed within 72 hours after dear

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. 79-07512

(ITPE	OR PRINT	FIRST	Mi	DOLE	_LA	ST	20 DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
	OK PRINT)	James	W		FOGG		March 2, 1	979		5:55
3 SE>	X	4	RACE		5 DATE O	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER TYEAR	IF UNDER 24 HR
	MALE		BLACK		JUN		46	YRS	MONTHS DATS	HOURS
70 BH	RTHPLACE (STATE OF	FOREIGN 7	CITIZEN OF W	HAT COUNTRY?	8.	□ NEVER MARRIED □	9 BALTIMORE CITY O	RCOUNTY	OFDEATH	
	N. CAROLI	NA	U.S.A	•	WIDOWE		Princh Ge	orge	County	
	TY OR TOWN OF D		(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O		EI INDUSTRY	F BUSINESS
	lenn Dale			ale Hosp			DOMESTIC		ноз	SPITAL
13a. S	AL RESIDENCE (IF NO TATE D.C.	NONE OR COUNT		GIVE RESIDENCE BEFORE  134 CITY OR TOW  WASHINGT		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	KENYO	N ST. N	1.W.
14 FA	THER'S NAME	MI	DDIE	LAST		15 MOTHER'S MAIDEN NAM	AE MIGGIE		LAS	NT.
	JOHN		₹.	FOGG		MAMMIE	V.		DAV	IS
	VAS DECEASED EVE		NED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE			
	NO	w w w		579-40-7	7576	HENRY FOGG	(BROTHER)	SAME	AS ITEN	4 #13
	18 CAUSE OF DEA	ATH Enter anly	ane cause per l	ne far (a), b), an					BETWEEN	MATE INTERVAL ONSET AND DEA
	PART I. DEATH	WAS CAUSED IMMEDIATE		Pulmona:	ry tub	erculosis, fa	r advanced		3 mo	nths
	11110	277772						MILE		
	0117		DUE TO, OR	AS A CONSEQUE	ENCE OF					
	Canditions, "if ar		(b)							
	cause a, sta	ting the	DUE TO, OR	AS A CONSEQUE	ENCE OF					
	underlying cau	se last	( 10)							
	PART 2 OTHER SI	GNIFICANT CO	ONDITIONS CO	NTRIBUTING TO I	DEATH BUT I	NOT RELATED TO THE TERM	NAL DISEASE OR CON	DITION GIV	EN IN PART 1	a
								3711077 011	277 117 17 111	
Z	Chronic	obstru								
ATION	Chronic						20g AUTOPSY?	20b. IF YES	WERE FINDE	NGS USED
FICATION	Chronic 190 DATE OF OPER					WAS PERFORMED		IN CERTIF	WERE FINDI	OF DEATH?
RTIFICATION	19a DATE OF OPER	MOITA	19b CONDIT	ION FOR WHICH		WAS PERFORMED	YES NO	IN CERTIF	YING CAUSES	NGS USED OF DEATH? NO
CERTIFICATION	19a DATE OF OPER	ATION	196 CONDIT	INJURY	OPERATION		YES NO	IN CERTIF	YING CAUSES	OF DEATH?
	190 DATE OF OPER 210. ACCIDENT WAS U	NATION INDERLYING  CAUSE OF DEATI	196 CONDIT	ION FOR WHICH	OPERATION	WAS PERFORMED	YES NO	IN CERTIF	YING CAUSES	OF DEATH?
	19a DATE OF OPER	PATION  INDERLYING   CAUSE OF DEATI	196 CONDIT	INJURY  MONTH DA  FINJURY	AY YEAR	NWAS PERFORMED  214. HOW INJURY OCCURR 214. LOCATION	YES NO	IN CERTIF YE IY IN ITEM 18, P	YING CAUSES S	NO
MEDICAL CERTIFICATION	190 DATE OF OPER  210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MEE 21d INJURY OCCU	INDERLYING CAUSE OF DEATH DICAL EXAMINER)  ORRED  WHILE COMMENTED	196 CONDIT	INJURY  A. MONTH DA	AY YEAR	NWAS PERFORMED	YES NO	IN CERTIF YE IY IN ITEM 18, P	YING CAUSES	OF DEATH?
	210. ACCIDENT WAS UNDERSTORMED THE STATE OF CONTRIBUTING LEGISLE STATE OF CONTRIBUTING LEGISLE STATE OF CONTRIBUTING LEGISLE STATE OF CONTRIBUTION LEGISLE STATE CONTRIBUTION LEGISLE STATE CONTRIBUTION LEGISLE STATE C	ATION  INDERLYING  CAUSE OF DEATH ICAL EXAMINER)  IRRED  WHILE  WORK	21b. TIME OF HOUR A.N 21e. PLACE O (AT HOME, STRE	INJURY  MONTH D,  FINJURY  FINJURY	AY YEAR  19  FARM, ETC.)	214. HOW INJURY OCCURR 214. LOCATION STREET	YES NO	IN CERTIF YE IY IN ITEM 18, P	YING CAUSES S  ART 1 OR PART 2)  COUNTY	OF DEATH?
	210. ACCIDENT WAS UNDERSTORMED THE STATE OF CONTRIBUTING LEGISLE STATE OF CONTRIBUTING LEGISLE STATE OF CONTRIBUTING LEGISLE STATE OF CONTRIBUTION LEGISLE STATE CONTRIBUTION LEGISLE STATE CONTRIBUTION LEGISLE STATE C	ATION  INDERLYING  CAUSE OF DEATH ICAL EXAMINER)  IRRED  WHILE  WORK	21b. TIME OF HOUR A.N 21e. PLACE O (AT HOME, STRE	INJURY  MONTH D,  FINJURY  FINJURY	AY YEAR  19  FARM, ETC.)	214. HOW INJURY OCCURR 214. LOCATION STREET	YES NO NO NO PED (ENTER NATURE OF INJUST OF TOVE OF TOVE OF TOVE OF TOWN OF TO	IN CERTIF YE YE IN ITEM 18. P	COUNTY	OF DEATH? NO STATE  that ** (we)
	210. ACCIDENT WAS UNDERSTORMED THE STATE OF CONTRIBUTING LEGISLE STATE OF CONTRIBUTING LEGISLE STATE OF CONTRIBUTING LEGISLE STATE OF CONTRIBUTION LEGISLE STATE CONTRIBUTION LEGISLE STATE CONTRIBUTION LEGISLE STATE C	ATION  INDERLYING  CAUSE OF DEATH ICAL EXAMINER)  IRRED  WHILE  WORK	21b. TIME OF HOUR A.N 21e. PLACE O (AT HOME, STRE	INJURY  MONTH D,  FINJURY  FINJURY	AY YEAR  19  FARM, ETC.)	214. HOW INJURY OCCURR 214. LOCATION STREET	YES NO NO NO PED (ENTER NATURE OF INJUST OF TOVE OF TOVE OF TOVE OF TOWN OF TO	IN CERTIF YE YE IN ITEM 18. P	COUNTY	OF DEATH? NO STATE
	190 DATE OF OPER  210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MEE 21d INJURY OCCU	ATION  INDERLYING  CAUSE OF DEATH ICAL EXAMINER)  IRRED  WHILE  WORK	21b. TIME OF HOUR A.M 21b PLACE O (AT HOME, STRE	INJURY MONTH D IF INJURY et, FACTORY, OFFICE, F deceased fram 19	AY YEAR 19 FARM, ETC.) Dec. 2	214. HOW INJURY OCCURR 214. LOCATION STREET	YES NO NO NO PED (ENTER NATURE OF INJUST OF TOVE OF TOVE OF TOVE OF TOWN OF TO	IN CERTIF YE YE IN ITEM 18. P	COUNTY	STATE that ** (we) causes stated
	210. ACCIDENT WAS LOR CONTRIBUTING [IF EITHER, NOTIFY MEE 21d INJURY OCCU. WHILE NOT AT WORK AT AT WORK AT WOR	ATION  INDERLYING  CAUSE OF DEATH ICAL EXAMINER)  IRRED  WHILE  WORK	21b. TIME OF HOUR A.M 21b PLACE O (AT HOME, STRE	INJURY MONTH D IF INJURY et, FACTORY, OFFICE, F deceased fram 19	AY YEAR 19 FARM, ETC.) Dec. 2	21t. HOW INJURY OCCURR 21t. LOCATION STREET  6 19 78 d that in (n) (aur) apinion of	YES NOTE NATURE OF INJURE	IN CERTIFYE	COUNTY  19 79  120 DATE	STATE that K (we) couses stated
	19a DATE OF OPER  21a. ACCIDENT WAS U OR CONTRIBUTING [ (IF EITHER, NOTIFY MEE 21d INJURY OCCU WHILE NOT AT WORK AT  27a. I certify that saw the dece	INDERLYING CAUSE OF DEATH CAUSE OF DEATH DICAL EXAMINER) URRED WHILE X (this haspito assed alive an (did) (XXXX)	21b. TIME OF HOUR A.M P.M 21e PLACE O (AT HOME, STRE	INJURY  MONTH D,  FINJURY  FINJURY	AY YEAR 19 FARM, ETC.) Dec. 2	21t. HOW INJURY OCCURR  21t. LOCATION STREET  19 78  d that in (n) (aur) apinion of physician physician	YES NOTE NATURE OF INJUST CITY OR TOV  To Mar. 2.  Jeath accurred an the do	IN CERTIFYE YE YIN ITEM 18, P	COUNTY  19 79  120 DATE	STATE that ** (we) couses stated
	210. ACCIDENT WAS UND CONTRIBUTING CONTRIBUTING CONTRIBUTING TO COLUMNIE NOT ATTOM OF THE CONTRIBUTION OF	INDERLYING CAUSE OF DEATH CAUSE OF DEATH DICAL EXAMINER) URRED WHILE WHILE (this hospitolsed alive and (did) (XXX)	21b. TIME OF HOUR A.M. 21b. PLACE O (AT HOME, STRE MARCH 2 VIEw the body o	INJURY . MONTH D IF INJURY et. FACTORY, OFFICE, F deceased fram ter death.	AY YEAR 19 FARM, ETC.) Dec. 2	21t. HOW INJURY OCCURR  21t. LOCATION STREET  19 78  d that in (n) (aur) apinion of physician physician	YES NOTE NATURE OF INJUST CITY OR TOV  To Mar. 2.  Jeath accurred an the do	IN CERTIFYE YE YIN ITEM 18, P	COUNTY  19 79  120 DATE	STATE that ** (we) couses stated
	210. ACCIDENT WAS UND CONTRIBUTING CONTRIBUTING CONTRIBUTING TO COLUMNIE NOT ATTOM OF THE CONTRIBUTION OF	INDERLYING CAUSE OF DEATH CAUSE OF DEATH DICAL EXAMINER) URRED WHILE WHILE (this hospitolsed alive and (did) (XXX)	21b. TIME OF HOUR A.M P.M 21e PLACE O (AT HOME, STRE	INJURY . MONTH D IF INJURY et. FACTORY, OFFICE, F deceased fram ter death.	AY YEAR 19 FARM, ETC.) Dec. 2	21t. HOW INJURY OCCURR  21t. LOCATION STREET  6, 19 78 d that in (n) (our) opinion of PHYSICIAN  22e ADDRESS  Glenn	YES NOTE NATURE OF INJURE	IN CERTIFYE YE YE YEN ITEM 18, P	COUNTY  19 79  120 DATE	STATE that (we) couses stated
WEDICAL MEDICAL	210. ACCIDENT WAS U OR CONTRIBUTING [ (IF EITHER, NOTIFY MEE 21d INJURY OCCU WHILE NOT ATTWORK ATTWO 220. I certify that saw the dece above, X (we) 22b SIG III III 22d. PHYSICIAN'S James	INDERLYING CAUSE OF DEATH CAUSE OF D	21b. TIME OF HOUR A.M 21c. PLACE O (AT HOME, STRE  AND OFFICE OF COMMENT)  LS, M.D.	INJURY MONTH D. FINJURY FI, FACTORY, OFFICE, F deceased fram 19 tter death.	AY YEAR 19 FARM, ETC.) Dec. 2 79	21t. HOW INJURY OCCURR 21t. LOCATION STREET  6, 19 78 d that in (n) (aur) apinion of Physician [22e Address]  Clenn Glenn Glenn	YES NOW ED (ENTER NATURE OF INJUST  CITY OR TOV  . to Mar. 2, death accurred an the do  MEDICAL STAI DIRECTOR X PHYSIC  Dale Hospi	IN CERTIFYE YE YE YEN ITEM 18, P	COUNTY  19 79  19 79  19 70  19 AT 1 OR PART 2)  20 DATE  March  20769	of DEATH? NO   STATE that ** (we) causes stated SIGNED 1 2, 19
WEDICAL MEDICAL	210. ACCIDENT WAS U OR CONTRIBUTING [ (IF EITHER, NOTIFY MEE 21d INJURY OCCU WHILE NOT ATTWORK ATTWO 220. I certify that saw the dece above, X (we) 22b SIG III III 22d. PHYSICIAN'S James	INDERLYING CAUSE OF DEATH CAUSE OF D	21b. TIME OF HOUR A.M. P.M. 21e PLACE O (AT HOME, STRE MARCH 2 VIEW the body of PRINT)  LS, M.D. 23b. DATE	INJURY MONTH D.  FINJURY FINJURY FI, FACTORY, OFFICE, F  deceased fram 19  fter death.	AY YEAR 19 FARM, ETC.) Dec. 2 79 . ann	21t. HOW INJURY OCCURR 21t. LOCATION STREET  6, 19 78 d that in (n) (aur) apinion of Physician Physician Clenn Glenn METERY OR CREMATORY	VES NOW  ED (ENTER NATURE OF INJURE  CITY OR TOV  TO MAR. 2.  Beath accurred on the do  MEDICAL STAI  DIRECTOR X PHYSIC  Dale Hospi  Dale, Mary  1336. LOCATION  CITY OR TOWN	IN CERTIF YE YE IN ITEM 18, P  TO THE ONLY IN ITEM 18, P  TO THE ONLY IN ITEM 18, P	COUNTY  19 79  19 79  19 72  19 ART 1 OR PART 2)   of DEATH? NO  state that **(we)   causes stated SIGNED 1 2, 19	
WEDICAL MEDICAL	210. ACCIDENT WAS LOR CONTRIBUTING GETHER NOTHER MOTHER NOTHER MOTHER NOTHER MOTHER MO	INDERLYING CAUSE OF DEATH CAUSE OF D	21b. TIME OF HOUR A.M P.M 21e. PLACE O (AT HOME, STRE  SIL) oftended the March 2 view the body of the	INJURY MONTH D.  FINJURY FINJURY FI, FACTORY, OFFICE, F  deceased fram 19 fter death.  May 237. 19 79 FO	AY YEAR 19 FARM, ETC.)  DEC. 2 79 Annual OF CE DREST	21t. HOW INJURY OCCURR  21t. LOCATION STREET  6, 19 78 d that in (n) (aur) apinion of physician [22e ADDRESS]  22e ADDRESS Glenn Glenn Glenn HILLS CEM.	TED (ENTER NATURE OF INJURE  CITY OR TOV  TO MAR. 2,  Jeath accurred an the do  MEDICAL STAI  DIRECTOR X PHYSIC  Dale Hospi  Dale, Mary  23d. LOCATION  CITY OR TOWN	IN CERTIFYE YE YE NO STEE and hou  SEF IAN   tal  land	COUNTY  19. 79.  Ir and from the  22c DATE  March  20769	STATE  that ** (we) couses stated SIGNED 1 2, 19
WEDICAL MEDICAL	210. ACCIDENT WAS LOR CONTRIBUTING GETHER NOTHER MOTHER NOTHER MOTHER NOTHER MOTHER MO	INDERLYING CAUSE OF DEATH CAUSE OF D	21b. TIME OF HOUR A.M P.M 21e. PLACE O (AT HOME, STRE  SIL) oftended the March 2 view the body of the	INJURY MONTH D.  FINJURY FINJURY FI, FACTORY, OFFICE, F  deceased fram 19 fter death.  May 237. 19 79 FO	AY YEAR 19 FARM, ETC.)  DEC. 2 79 Annual OF CE DREST	21t. HOW INJURY OCCURR 21t. LOCATION STREET  6, 19 78 d that in (n) (aur) apinion of Physician Physician Clenn Glenn METERY OR CREMATORY	TED (ENTER NATURE OF INJURE  CITY OR TOV  TO MAR. 2,  Jeath accurred an the do  MEDICAL STAI  DIRECTOR X PHYSIC  Dale Hospi  Dale, Mary  23d. LOCATION  CITY OR TOWN	IN CERTIFYE YE YE NO STEE and hou  SEF IAN   tal  land	COUNTY  19. 79.  Ir and from the  22c DATE  March  20769	STATE

DHMH - 16 60M 1/75

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and car should be detached for use as the burnal-transit permit. Then please remove carban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.

(VR A 15 (4))

retained by the haspital

BP.



	The Carrie				
	1,4	12, 1932	awat.	23/26	Make
		ic in	X		ARTHURAD .K
Ja51 960H	UI va Myn				
	11.7	7.	SKILLGEON	40 300	.o.a
BIVA	. V	TIMEN !	0.0	F. F.	Milot
	A BHAR (XXHIDAU)	DDDY - FAREST	0507-1-1-270		
	Jacoba Phino	,			

01803	The state of the s	ing coldaters	di-sate-in

0-12-1979 FURSIT MILES UNL.

V. M. CHANGERS CO. 517 11th ST. S.E. MASH. P.C.

MOLELIN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME LAST 20 DATE OF DEATH MONTH (TYPE OR PRINT) HELEN RUTH FOWLER March10, 1979 3 SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) S DATE OF BIRTH IF UNDER LYEAR IF UNDER 24 HRS MONTH YEAR DAYS HOURS female. white 22, 1897 O BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY USA WIDOWED TO DIVORCED Prince George's County 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife INDUSTRY Doctors' Hosp. of P. G. County Home Lanham USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 1136. COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Md Pro Georges Bowie 12520 Hilltop Lane NO F 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME EIRCI LAST Richard D. Hatton Sara Wignall ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT I (IF YES, GIVE WAR OR DATES) Joyce Clark(daughter) Same as Block 13 e No 220 48 6357 APPROXIMATE INTERVAL 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting DUE TO OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Shows NOP NO I gie 216. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on abave, (I) (we) (did) (did nat) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING V. MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS hould b 6201 Greenbelt Road, College Park, Md. 20740 Brian H. Avin, M.D. 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 236 DATE 23c NAME OF CEMETERY OR CREMITTORY 23d. LOCATION Mar 15, 1970 Arlington National Arlington Arlington 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REG DHMH - 16 50M 7/77 (VRA 15(4)) F. Gasch's Sons P A Hyattsville, Md.

19-075			
	e tene Tene		07-00
			100
one without			
20. Cittes Inde	TOTAL STREET	pluelo amano	
		a double	
Line Hart	A STATE OF THE STA		
theel taken where heart	Special and dance	man for some	
	Date March		
		The state of the same	

113-07-87 from O . To all TE - 1 12-39 (152) LEMPLE ALLS SSOF FRANKE PARKS TOTAL THE HOLD FOR EACH TENNER WITH THE Product Continue Cont STAR CERC DE. Yes 01,-12-6102 .opp... W. aralli e plo 11 ... ... RANCHEST CONTRACTOR STATES Consider to the Both of the Both of the Consideration of the Considerati ration of the state of the stat The fire rows of 

## FOR - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-07515

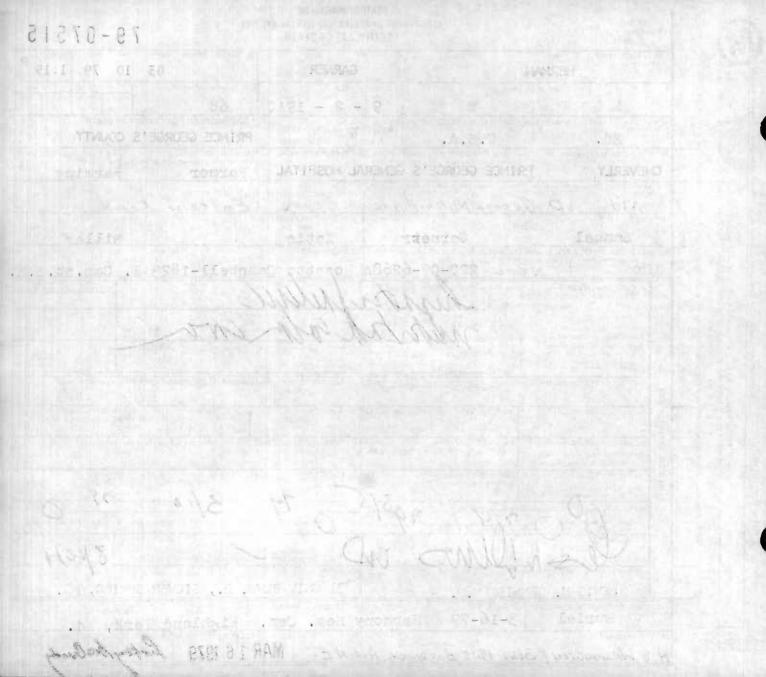
	REGISTRAR		CERTIFICATE OF DEATH	REG. N	0. 13-01313
	CEASED NAME FIRST EOR PRINT) HERM	MIDDLE	GARNER	20 DATE OF DEATH	03 10 79 1:15 PM
3. SE	×	4 RACE	5. DATE OF BIRTH  MONTH  9 - 2 - 191	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.  YRS.
	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	DOTAGE CEO	ORGE'S COUNTY MD.
4 CI	ITY OR TOWN OF DEATH HEVERLY	PRINCE GEORGE		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Farmer	
130.	Mid P.	OR OTHER INSTITUTION, GIVE RESIDENCE UNITY 130. CITY OR NITHCH	TOWN 13d INSIDE CITY LIMITS	Entenis.	e Kood
	Samuel	MIDDLE LAST	br Katie	WIDDLE	Miller
(	NAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (14 YES, C	GIVE WAR OR DATES]	SECURITY NO. 17 INFORMANT	ADDRI Campbell-18	
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION		EQUENCE OF  TO DEATH BUT NOT RELATED TO THE TE	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
MEDICAL CERTI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AFFORK 220.] Certify Mill 1th is ho		DAY YEAR  19  211 LOCATION  STREET	YES NO URRED (ENTER NATURE OF INJU	
	226. PHYSICIAN'S NAME (179)  LEWIS H.	oci I view 1 Aboby ofter death.	ond that in my (our) apini  One of the property of the propert	STAL STAL STAL	CIAN DI TO FOR
		DENNIS M.D.	DOT ONIA D	LVD. E. SIII	VER SPRING, MD.

MAR

DHMH-16 50M7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

H.S. WASHINGTON & SONS 4925 BURROUCHS AVE. N.E.



STATE OF MARYLAND

11-	II.	tem #2d Fi	lm G530	4/25/79			MARYLAND	VOIENIE		14 93	
7	1-	STATE					AND MENTAL H		79-1	1751	1
300	1 DE	REGISTRAR CEASED NAME	FIRST	WEL	MIDDLE AMIN	EK 2	ERTIFICATE O		RED NO -	,, ,	
1		PE OR PRINT)		. /	7. 1.	,	[A31	C	TE KNOWN MONTH	1	R 26. HOUR
793555		4-1	198116		isuff rec	24			ATH MATED 3	4 179	M
/ 医型性管理	3. SE	4. RAC	MOI MOI	6	6. AGE (IN YE)		DER 1 YR. IF UNDER		OUNCED MONTH	DAY YEA	20. 110011
A SOCIA	12	mare W	4,LE 2		92 8/YE	rs.		10	か 3-5	19	Jan Banker
A SEE A EES		IRTHPLACE (STATE OR DREIGN COUNTRY)		ITIZEN OF WH	AT COUNTRY?	8. MARR	ED NEVER MARRIE		LTIMORE CITY OR COU		
A55247		Italy		SA		WIDOW	***************************************		RINCE GEORGE		MD.
L LOBERTS	10 C	ITY OR TOWN OF DE	ATH IT	AME OF HO	ARAL NURSING NOME	OR OTH	ER INSTITUTION	FOR MOST OF	CUPATION (TYPE OF WORK	12b. KIND OF OR INDU	
302L2/T	C	receity	0		nges cren	1/18	m. (DOA)	House	wife		
O S C S S S S S S S S S S S S S S S S S	USU/	AL RESIDENCE (IF I) NO.	RSING HOME OR OTHER	R INSTITUTION, GIN	1134 CITY OF TOWN	DNS	13d INSIDE CITY LIMITS?	13a STREET AF	NDPESS.		
E AND 3 RETAIL SHOULD LECOND	I	laryland	Prin. G	eo.	Hyattsvil]	le	YES NO	3300 M	anorwood Dr.		
A 4	14. F/	ATHER'S NAME					15. MOTHER'S MAIDE				
RE, MD. DEATH, M M PM		Leonard	MIDD	NE	Pepe Pep		Libra		MIDDLE	Gentil	Le
0 ~ 4 8 _ 1	16a. \	WAS DECEASED EVER			166. SOCIAL SECURITY	NO.	17. INFORMANT	= 11 = 11	5805DR533rd 1		
BALTIMG URS AFTER WITH FO PAGES I DIVISION	14	NO OR UNKNOWN	(IF YES, GIVE WAR OR	DATES)	214-74-608	36	Frank Giui	ffreda	Hyattsville	Md. 2	0782
BAL URS B. GI WITI	H	18 CAUSE OF DEA	H (Enter anly ane	cause line	far (a), (b), and (c)					APPROVIM	ATE INTERVAL
ST. ST. ST.		PART I DEATH W	AS CAUSED BY:	Lila	befor With	inco	Selesofie	Cord	ed Vasauler	AFTWEEN ON	SET AND DEATH
0 1-3-07	100	2500	IMMEDIATE CAL	USE (a)	AS A CONSEQUENCE O						
W. PRESTON D WITHIN 24 ENCIL IN ITER TAMINER ALOR TRANSIT PER ENTAL HYGIE REMOVAL.		Conditions, if									
W. PRI		gave rise ta		(b)	AS A CONSEQUENCE (	)E					
- FOXAXX		lying cause last.			IS A CONSCIONE (	,					
S, 30 RECU S, IN S, IN SURI BURI DNN, O		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIL	(c)	IIT NOT BELATED TO THE TERM	NAL OFFICE	E OR CONDITION GIVEN IN PAR				
AL RECORDS, 301  OULD BE EXECUTE "PENDING" IN F  INF MEDICAL EX, EX, EX, EX EX DA A BURIAL FHEALTH AND M CREMATION, OR	z		Continues Continues	JOHNO TO OCKIN	OF NOT RELATED TO THE TERM	INAL DISEASI	CORCUMULION GIVEN IN PAR	I I (@).			
RECC LD 8 PENIC PENIC MEAL	CERTIFICATION	19a. DATE OF OPER	ATION	TIPE CONDIT	ION FOR WHICH OPER	ATION W	AS PERFORMED?			20. AUTOPS	SV2
A A SE	10.			110 0011011	iorrok mien orek		MOTERIO ORMED.				_
OF VIT.  ATE SH  WORE THE CH TH THE CH TH	E	21a EXTERNAL CAU	SEWAS	216. TIME OF	INJURY	121c HC	OW INTURY OCCURRED	LENTED NATHRE	OF INJURY IN ITEM 18 PART 1 OR I	YES _	NO
NOF FICATI THE VO THE OOUTH OOULD RTMEN	10	UNDERLYING -	OR	HOUR A.M.	MONTH DAY YEAR		SV 1730K7 OCCORRED	, LEVIER NATORE	OF HOOK IN HEM TO PAKE FOR	ORI Z	
DIVISION OF V S CERTIFICATE & RITING THE WO RDED TO THE RD S SHOULD BI E DEPARTMENT PRIOR TO BURI	MEDICAL	CONTRIBUTING 21d. INJURY OCCUR			FINJURY (ATHOME.	216 10	CATION				
> 05mm0%	ME	WHILE NOT AT W	WHILE		DRY, FARM, ETC.)		TREET	CITY C	OR TOWN C	OUNTY	STATE
R: THIS C TE, WRIT DRWARD STATE C 21201 PI		AT WORK AT W	ORK								
		22a. I certify that	I taak charge af th	e remains des	mbed abave, held an	Autop	sy , Inspection	, Inqu	uiry and in my	pinian	
AMIN STIFIC SECTO ITH TH		death resulted fram	Natural cau	ses l	Accident, Sui	cide 🗌	, Hamicide .	Undetermine	d manner ,		
EXAMINE CERTIFICA JUD BE FO DIRECTOI WITH THI		1	1/20000	LXX	Usin-	1	TITLE (SPECIFY)			7.5	
1		SIGNATURE	161486	11.7	mugues	M	DEPUTY	MEDICALE	XAMINER SIGN	VFD	79
DICA NERA OPEAT	-	EXAMINER'S NAME	AVGUSTO	P. R	ODR TOUEZ		13	2800 WI	LLOW WIND (	CIRCLE	
TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO		(TYPE OR PRINT)	1,190310	1 . 1	ODKIGOEZ	1	ADDRESS TA	ANTALLO	N. MARYLAND	20022	
P P P P P P P P P P P P P P P P P P P	23a. B	URIAL, CREMATION, F			23c. NAME OF CEA			23d. LOCATIC	N CO	UNTY	STATE
COUCBP_	B	urial	Marc	ch 7,19	79 Ft. Line	oln	Mausoleum	Brentwo	ood Prin. C		ryland
DHMH - 17		UNERAL DIRECTOR			Hampshire A				STRAR 256 REGISTRAR'S	SIGNATURE	
(VR A15 ME (5))	I Hi	nes/Rinal	11 511	Tor Snr	ing Md 20	1904	1 88 7 0	14 1070	7 Tisken	3101/200 -	

		(Filed mide		
		· ·		S SHOW
			433	ÇL II. X
all monorest in	14647- 4			40.00
1300 Managard dr.		Hyatteville	Prin. Geo.	Sanfynad
hittara-3	Libra	ហារ៉ូមីទីa		THE PARTY
Thus derk Place frada lyaktori le, Mr. 2018: Charachilivana graina	Prink 61of			
freda lyaktsville, Ma. 2078.				
freda lyactsville, Mr. 20782				
frada byattsville, 16. 20782				

79-07518		
	miran was light a total	
Think communication when		.00
	and the state of t	
	of the party of th	10 m
	SHEET, ID	A TRIUM
6.000.1 bowers	. For microsca . Car ovanial	

12:0	1-20		INDO ALR			LIIA	
							Tare 1
S COUNTY	1100000 - 11				.A.E.H.		
I south	Wax James			E French	. o- o		y myest.
	alarray 22 july			State (10.	Gep.		1.04
			ACCUIL O	7/200 U	1		nge poly
	The real	Telepho.	taus a		1022-91		7
	Lava vi						

		1			STATE OF MARYLAND		
9 4	1	1	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTA	L HYGIENE	0 7 5 2 0
W 3	3 10	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	9-07520
4 . 6	1 0		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
100	y be ge 3 leoth	(TYP	WILLIAM	ALEXAN	DER GREEN	03	13 79 5:05 P.M.
200	a B	3 SE	X	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
200	cto cto		Male	Black	07" 24DAY 18"	<sup>*</sup> 60	YRS MONTHS DATS ROOKS MIN
	6 3000	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIED W NEVER MARRIEL	9 BALTIMORE CITY OR CO	UNTY OF DEATH
V	1. ( 3. 1) 10	11	Mary and	115A.	WIDOWED DIVORCE		ES COINTY MD
W	1/12/	10 C	ITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTIO	N 120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
3 =	5 77	A CI	inton	(IF NOT IN SUCH FACILITY, GIVE STI	AND HOSPITAL CENT	ER Retired	INDUSTRY
7 /	8 1 2 2	USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)		
6 0	2 13 13	A.	STATE 136 COL				
6 3	thin she she		yland Prince	e GeorgesBrandy	15 MOTHER'S MAIDE	Neal Drive	,
MARYLAND	d with	4	TO FIRST Don hors	MIDDLE LAST	m Than	a Panah	1/ LAST
4 .	comple	a 16a 1	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 168 SOCIAL SI	CURITY NO. 17 INFORMANT	ADDRESS	71
L	Pages		YES, NO, OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	16200 Fil-	1 (	Saa
J.	e s a		yes W	1 /1/2 X/2-2	Many EVICE	n oreen	OMH
P BAL	ficate hysica poper loval ent, th		18 CAUSE OF DEATH Enter	only one couse per line for (a), (b),	// .	. 1 +	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.	certifico ing phys rbonpop r removo			ATE CAUSE (0) Cotelus	majoular so	cicleng	
	h ce carb		2500	DUE TO, OR AS A CONSE	DUENCE OF . 1 +	117	
FRESTON	death attendi ave car		Conditions, if ony, which	(b)	Diabelo	mell MID	
	he em		gove rise to immediate couse 10), stating the	DUE TO, OR AS A CONSE	DUENCE OF 1/1.	1.	
× ×	by t by t ose I, cre	1	underlying couse lost	(r)	offer	Stons	
2 2	gned   n plec buriol		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	N GIVEN IN PART 1(b)
RDS	The to I	ON	COLUMN TAXABLE DE LA COLUMN TA				
DIVISION OF VITAL RECORDS.	ow re	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b	IF YES, WERE FINDINGS USED
1 8	× × × × × × ×	7   Ĕ				YES TO NOT	ERTIFYING CAUSES OF DEATH?
/II	- 0 9 5 6 -	7 8	210 ACCIDENT WAS UNDERLYING		21c. HOW INJURY O	CCURRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
OF.	40		OR CONTRIBUTING CAUSE OF D		DAY YEAR		
Z O		MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
/ISI	y phy trending the bu	×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	CE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
10	VDINC Lor a Se as eoth		AT WORK — AT WORK	pital) attended the deceased fro	m	A	
	W 0 0 I			on 3.3		pinion death accurred on the date on	
		112	obove, (I) (we) (did) (did i 22b, SIGNATURE	not) view the body ofter death.	DEGREE	The solution of the solution o	224. DATE SIGNED
	OR AT DORECTORECTORECTORECTORECTORECTORECTORECT		11.0 SIGNATURE	n/ & 16	ATTEND	ING MEDICAL STAFF	3 4 17 0
	SPITAL O d by the NERAL D be detact e State D TANT: If I	4	BHILL	" Souther		IAN DIRECTOR PHYSICIAN	3. H- 79
	osp ed b d be d be the S		224 PHYSICIAN'S NAME (TYPE	ORPRINT)	22e ADDRESS		
	TO HOSPITAL retained by the TO FUNERAL should be detoo with the State IMPORTANT: If		HASHI	Quister HKI			RI, M.D., P.A.
11	250	23a.	BURIAL CREMATION, REMOVA	AL 23b. DATE /20 2	NAME OF CEMETERY OR CREMAN	ORY 234 LOCASCUDER	BUILDING
10	BP		Bureal	3/17/19	Discotisuni	4235-28th Av	enue, Suite 113
	DHMH - 16 60M 1/75	24. F	UNERAL DIRECTOR	ADDRESS	mil PiGiCoi V	A DATE PARTION CHAIR TITE	Maryland 20031
	(VR A 15 (4))	A	Jana Bures 1 %	tomo Hungan	179 20608	WHK 6 I 13/3	restray to many

H. BUSHEHRI, M.D., P.A. SCUDERI BUILDING 4235-28th Avenue, Suite 113 Marlow Heights, Maryland 20031

	1-	FOR STATE	.0a-22a F	film (	- 1	DEPART	MENT OF	HEALT	H AND M	ENT AL H				7.			0.0
		REGISTRAR	F FIRST		MEI	MIODIE	EXAMI	AEK 2	LAST	CATEO	T DEA		REG. I	NO. O	- 1	YEAR	R Zb. HOUR
		E OR PRINT)		Joe	λ	Mille	71		Grubb	TR		OF	ESTI- MATED			7	79
REET	3. SE)		4. RACE		OF BIRTH	TITIE	6. AGE (IN Y	EARS IF U		IF UNDER	24 HRS.	2c. DATE		MON		17	IV.
	n	ale	white	1.8	FEB 1	YEAR	36	RS.	THS DAYS	HOURS		PRONOUI	NCED	3	3 1	19 7	79 10:3
2		RTHPLACE (S	TATE OR		EN OF WH			T.	RIEDXX NE	V50 44 400 II		9. BALTIN	AORE CITY	OR COL	UNTY OF	17	7/1
0		ginia		U	S.A.				NED T	DIVORCE			Princ	e Ge	orge	Cou	inty
3	10. CI	anahm		Do	ctor	S HO	IRSING HOM STREET AGORESS'S Spital		HER INSTITU	TION	FOR M	ALOCCU NOST OF WO		TYPE OF WO	C	IND OF OR INDU:	BUSINESS STRY
5	13a. S		(IF IN NURSING HOME 13b. COUL			13c. CITY	OR TOWN	SION)	13d. INSIDE C	ITY LIMITS?	13e. STRE	ET ADDR	17	field	Lan	ie	
	14. FA	THER'S NAME		MIDDLE			LAST		15. MOTH	ER'S MAIDE			MIDDLE				
1	Jo	e	М	iller		Grub	b Sr.		Gla 17. INFOR						B	Bell	
1	160. V	S, NO, OR UNKNO	DEVER IN U.S. AF	RMED FOR	CES?	16b. SO	CIAL SECURI		17. INFOR	TIMEN			ADDRE	SS		- 6	
-	Y	es		1-196			56 84	-60	Bren	da Gr	ubb	San	e as	# 13	}		
		18. CAUSE O	F DEATH (Enter of	nly one cou				1.9 1	2				men		BE	APPROXIM TWEEN ON	NATE INTERVAL NSET AND DEATH
		420		ATE CAUSE	(0)		. Муоса		lS								
		Condition	ns, if ony, which		JE TO, OR	AS A CON	NSEQUENCE	OF									
		gove ri	se to immediate ) stating the under	e /	(b)	AS A COA	NSEQUENCE	OF									
	1	lying cou		1	( )	45 A COI	-DEGOENCE	Ji									
		PART 2 OTHER SI	IGNIFICANT CONDITION	S CONTRIBUTION	G TO DEATH	BUT NOT REL	ATED TO THE TER	MINAL DISFA	SE OR CONDITIO	N GIVEN IN PAR	RT 1 (a)				-		
	NO										· · · · · · · · · · · · · · · · · · ·						
1	CERTIFICATION	19a. DATE OF	OPERATION	19	b. CONDIT	TION FOR	WHICH OPE	RATION	VAS PERFOR	MED?				6	20.	AUTOPS	SY?
1	TIFIC	La United		1												YES []	X NO [
2		21a EXTERNA	AL CAUSE WAS		b. TIME OF		DAY YEA	21c. F	YAULMI WOI	OCCURRE	D (ENTER N	ATURE OF IN	JURY IN ITEM	18 PART 1 O	R PART 2)		
1	CAL	CONTRIBUTI	NG CAUSE OF	DEATH	P.M	١.	19										1-5-
	MEDICAL	21d INJURY C	OCCURRED NOT WHILE	21		OF INJURY	(AT HOME, ETC.)	21f. LC	STREET			CITY OR TO	NWO		COUNTY		STATE
	-	AT WORK	NOT WHILE AT WORK														
			fy that I took char	rge of the re	emoins des	cribed ob	ove, held on	Auto	osy X,	Inspection		Inquiry		ond in m	y opinion		
		death result	ed from: / hy	couses	X.	Accident	, s	uicide _	, Homi	cide .	Undete	ermined m	onner _	],			
		ACTUAL	11	5	14	N				PECIFY)				DA	TE	2	/3/79
_		SIGNATURE.	1/1	V	VV			/	A.D. ASSI	stant	MEDI	CAL EXA	MINER	SIC	GNED	3/	3/19
2		EXAMINER'S (TYPE OR PRI	NAME HO	rmez	R. (	Guard			_ADDRESS_		Penn	Stre	eet, I	Balto	o., M	ID 21	L201
	230.B	PECIFY)	TION, REMOVAL	-	D 76		NAME OF CI				CITY	CATION			COUNTY	77.4	STATE
	24.5		rial	6 MA			rea Ch		ian Ce			ythev REGISTR	rille,		the,		inia
	24. 1	NAME	Rober	t G.	Beall	Fun	eral H	lome	Blul	MAR	7	1979	The state of the s	intra	Mel	read	4
	1 0	113 1/2	nenolie	KORO	1.9nh	nem Mi		( )   will	6/25/100	44. 4		1010				1	1

19-07522				
	and the second		rot	
				625
port on of one			9.150	
		al court	C	
		ALBOY.		
El an or				
le e	20.7 30.6			
enes, Bribo., aif. P	de une l'Est	, C , ,		
Hardy adams		er Daniel E		alud I
			10.0	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) 30 3. SEX 4 RACE IF UNDER 24 HRS AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR HOURS AUC. 01 To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED USA Georges enn WIDOWED DIVORCED [] IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 124 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Nursing Home Missionary-Congregational Ch. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE DEFORE ADMISSION 130 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Sandy 7330 Grinker Lane 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William Wallace Ramsev Janet Lowery 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17. INFORMANT Virginia (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Dr.M.Lewis Gulick-son 1415-N. Nash St., Arling 009-07-3353 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Diahetoc Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF lost. underlying couse a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 20a AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) trar 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDIC 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a.1 certify that (1) (this happital) attended the deceased from and that in (my) (a) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. obove, [] (and) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c, DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ould b 9401-Indian Head Hwy., Oxon Hill, Maryland William K. Furst, MD 0 23a BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23b. DATE STATE Cremation 3-23-1979 Lee's Crematory Washington, D.C. 250. DATE REC'D. BY REGISTRAR 256. RESISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 .Wm.Lee's Sons Co. 300-4th St., NE, Wash., D.C. (VR A 15 (4))

Turbi Mome Illesion m-Come bion 1 C. The state of the s T. STO.I - ter L 'ill'am ll ce Rusey CCC-C7-3353 Dr.H.Loris Culic -son 1415-1. Lan St., 91100 المراجان المن المراجات المراج Clara . Fill 7 s tc1, D.C. g = ich 3-1-7 Ibe's Chan som

J. A. Lee's Sons Co. 300-131 St., M, Ish., D.C.

1	1				STAT	E OF MARYLAND	)			
6 6	1	FOR - STATE		DEPART	MENT OF	HEALTH AND MEN	NTAL HYGIE	NE		
1	1.	REGISTRAR			CERTI	FICATE OF DEA	ATH	REG NO	19-	0/524
		CEASED NAME FIRST	7.1	MIDDLE		LAST			YAC HINOM	YEAR 26 HOUR
(48)	(TYPE	GEORG	2	NMI	GUNN			03	11 79	)
( LAP E	3 SE	X	4 RACE		IS DATE	OF BIRTH	6	AGE (IN YEARS LAST BIRTH	(DAY) IF U	11:02P.M.
201	0.00	Male	Caucasi	2 20	12		YEAR	70	MONI	
di di	7- 0	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY		10 (			YRS	DEATH
the 22 th	C	OUNTRY)			MARRII	DE NEVER MAR	RRIED [	Prince Geo		
dep dep		lew Jersey	U.S.A		WIDOW		RCED 🗌			MD.
. he f		ITY OR TOWN OF DEATH				OR OTHER INSTITU		12a USUAL OCCUPATION  LTYPE OF WORK FOR MOST OF		126 KIND OF BUSINESS OR
rs offined the	L.	linton	SOUTHER	N MARYLAN	D HOS	PITAL CEN	TER ]	Retired P	ressma	an Wash. Sta
212 213 3 in bou	USU 13a	AL RESIDENCE (IF NURSING HOMI	OR OTHER INSTITUTION	I 34 CITY OR TOV	RE ADMISSION	113d INSIDE CITY	LIANITS? 11	2. STREET ADDRESS	I - M	
A 24 h 24 h 24 h 24 h 24 h		ryland Prin	ce Georg	SACCOKEE	k		X T	4901 April	St.	
tely 2 sh	14_F/	ATHER'S NAME				15 MOTHER'S MA				
MAR ed w ond	Ge	eorge P. Gun	MIDDLE	LAST		Min	na Kr	MIOOLE		LAST
5 0		WAS DECEASED EVER IN U.S.		166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRES	55	
MORE e exec	(	YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	138-05-7			F Cur	nn (Wife)	Same	as #13
LTIA ron rs.P		No				Inglies I	u. Gu	IIII (WILE)	Dame	
BAL cote		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one cause pe	ir line for (o), (b), or	nd (c	1				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., B.			IATE CAUSE (a)	Cancer	1	lung				
or r		1629	DUE TO C	R AS A CONSEQU	ENG OF	1				
dept dept of then, ourse		Conditions, if ony, which	( (b)						20.00	
the otter remove emotion		gave rise to immediate couse (a), stating the	3 2015 70	OR AS A CONSEOU	ENICE OF					
W. Not 1		underlying cause last	DOE TO, C	DR AS A CONSECU	ENCEOF					
201 st the sed of the		PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT BELATED TO	THE TERMIN	IAL DISEASE OR COND	ITION CIVEN	INI DADT II.
to bu	Z	COLD	1 CONDINOIS	OI ON TO TO	DEATH	NOTRECATED TO	THE TERMIN	TAL DISEASE ON COME	IIION GIVEN I	NPAKI IIO
or ree	1 E	190 DATE OF OPERATION	19h CONF	UTION FOR WHICH	OPERATIO	N WAS PERFORM	ED	20g AUTOPSY?	20h JE YES W	ERE FINDINGS USED
nos b perm ne pr	F.	THE DATE OF CHARLOTT	170 COINE	on on tok winer	OLKAIL	NA WASTERI ORM		/	IN CERTIFYING	G CAUSES OF DEATH?
VITAL  N.: The hysicion hysicion hysicions hygier hygier 118 show	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING		OF INJURY		22. (10) 1/ (5) 11/10		YES NO	YES [	] NO [
OF VII. T CCIAN: T 3 physica serrificate iol-transi		OR CONTRIBUTING CAUSE OF			AY YEAR	ZIC HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18, PART 1	OR PART 2)
TYSICIA dring pil ss certif buriol-t Mentol	N S	(IF EITHER, NOTIFY MEDICAL EXAMIN	ER) P	.M.	19				0	CIPPE INTAIN
PHYY endir this of My d or	MEDICAL	21d. INJURY OCCURRED		OF INJURY TREET, FACTORY, OFFICE.	FARM FTC )	211 LOCATION STREET		CITY OR TOW	N (	COUNTY STATE
DIVIS DING P or offer t e os the olth one	2	WHILE NOT WHILE AT WORK	, with the same, o	incer, racioni, orrice,	, ANT, 616.)					VIII.
3000	100	22a.1 certify that (I) (Nis ha	spital) attended t	he deceased fram.	Min	5 5	1979	10 MARCH	11 19	7.9 , that (I) () lost
		sow the deceased alive	on March	11 19	7 (7)		s) opinion de	oth accurred on the da	te and hour on	d from the causes stated
A S D D = E		obove, (I) (was taid) (did	nat) view the bad	y after death.		DEGREE				22c DATE SIGNED
O e O d		2/11	h +	7	+ N	ATTE	NDING	MEDICAL STAF		2.12.79
ERAL Store	-	22d. PHYSICIAN'S NAME (TYPE	1 and	Jum	7-1	220 ADDRESS	SICIAN 🔛	DIRECTOR PHYSICI	AN	31211
HOSPITAL inned by th FUNERAL vuld be det h the Store						226 ADDRESS				
- 5 - 5 - 6		William Fu	rst							
12 22		BURIAL, CREMATION, REMOV			NAME OF	EMETERY OR CRE	MATORY	23d. LOCATION	COL	INTYSTATE
3 OBP	I Bı	urial	3/14	+/79 Ft	. Li	ncoln C	emete	ry Brentw	rood M	d. P.G.
DHMH - 16 60M 1/75	24 F	UNERAL DRECTOR Fune 33 Old Alexa	ral Hor	ne Inc.			250 DATE	REC'D. BY REGISTRAR 2	Sb. RECOSTRAR	SSICHATUR
(VR A 15 (4))	56	33 Old Alexa	nder Fe	erry Rd.	Cli	nton. M	d. MA	R 19 19/9	junga	all working
	20.	20 010								

Centee P. Chin

Elles and (alle) must be about

Retired Fessian Fast.

E M promise and the mount to the large of th

3/14/79 Tr. Lincoln Laurery Brantwood 1 d. F.C.

DHMH - 16 50M 7/77 (VR A 15 (4))

	STATE OF MARY
FOR	DEPARTMENT OF HEALTH AN
- STATE	CEDTIEIC ATE OF

LAND HEALTH AND MENTAL HYGIENE

79-07525

		REGISTRAR				CENTITI	CATE OF DEA	· in	REG. N	10.	0			
`		CEASED NAME	FIRST	٨	AIDDLE	LA	151	-11.70	20. DATE OF DEATH	MONTH	DAY YE	EAR	26 HOU	JR .
12			RUTH	С		HAA					06-19		10.	30P4
1	3 SE			4 RACE WHITE		5. DATE O	DAY	YEAR	6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS	DAYS	IF UNDER	MIN.
	7 0.	FEMALE				MAY	28,1924	-	54	YRS.				
00		VIRGINI		U.S.A	WHAT COUNTRY?	MARRIED	D NEVERAL	RATED	9. BALTIMORE CITY					
05		ITY OR TOWN O			OSPITAL, NURSIN	WIDOWE		-	PRINCE G					MD.
yel			4	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)			(TYPE OF WORK FOR MOST	OF WORKING	LIFET INDU	STRY	BUSINE	
		CHEVERLY			GEORGE'S		RAL HOSP	ITAL	BOOKBIND	YER_	MŁ	RKL	EPR	RESS
AA	13a S	STATE	13b COUN PRINCE	1TY	GIVE RESIDENCE BEFORE 134 CITY OR TOWN  S RIVERD	N	13d. INSIDE CITY	LIMITS?	13e. STREET ADDRESS 6833 RT	UFROA	IF RO	DAD		
he and		ATHER'S NAME	PKINC	E GEORGE	S KIVEKU	ALE	15. MOTHER'S M.			VERUN	ILL RO	710		
lol		FRA		MIDDLE T	OVEL	178	FIRST		MIDDLE		SCO	THST		
1		WAS DECEASED	EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		DAUGHTERDDE	RESS 6	5005 S			VENUI
-	- (	YES, NO OR UNKNOW	(IF YES, GIVE	WAR OR DATES)	579-26-	9086	IRENE	LUBON	SKI	RIVE	RDALE			
			DEATH (Enter on TH WAS CAUSE		line for (o), (b), one	dac	1	E STATE		nahoo	BET	PPROXIM WEEN O	NATE INTER	PEATH
4		TAKI I. DEA		E CAUSE (o)		nam	tuon							
	m	208	0	DUE TO, OI	RAS A CONSEQUE	NCE OF	10	00.0	emia		31.00			
	:3	Conditions, if		(b)	- OV	<b>X</b> C	come.	Au R	emia					
л	13	couse (o),		DUE TO, OF	R AS A CONSEQUE	NCE OF					100			
H		ondertying	Coose losi	(c)										
7	z	PART 2 OTHER	RSIGNIFICANT	ONDITIONS <u>CC</u>	ONTRIBUTING TO D	DEATH BUT I	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CO	NDITION G	IVEN IN PA	RT 1(o	,	
-	CERTIFICATION	19a DATE OF O	PERATION	19b. CONDI	TION FOR WHICH	OPERATION	N WAS PERFORM	.ED	200 AUTOPSY?	20b. IF Y	ES, WERE F	INDIN	GS USE	D
9	IFIC							15.11	YES T NOT	IN CERT	TIFYING CA			TH?
0	CERT	210. ACCIDENT W	AS UNDERLYING	21b. TIME O			21c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF IN)			RT 2)		_
7			G CAUSE OF DEA	HOUR A.	M. MONTH DA	YEAR 19								
	MEDICAL	21d INJURY OC		21e PLACE	OF INJURY		211 LOCATION	S. VIII				180		
	ž	WHILE AT WORK	NOT WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET		CITY OR TO	JWN	COUNT	Y	S1	TATE
			ot (II (this hospi	tol) oftended the	e gleceosed from_	AK	The state of the s	19 18	10 Neu	2 6	19 ) 9		hot (I) (	we last
	73)	sow the de	eceosed olive on	Mari	100 197	on	d that in (my) (ou	pinion de	eoth occurred on the	date and h	our and fro	m the c	ouses st	oted
		22b. SIGNATUR		O A	Offer debths.		DEGREE	DITE.	A PERSONAL PROPERTY.		22ε.	DATES	SIGNED	-
		700	VOYLA	andol	1		ATTE PHY	SICIAN D	MEDICAL ST	AFF ICIAN [	3	5/.	1/19	7
	-	22d. PHYSICIAN	'S NAME (TYPE O	R PRINT)			220 ADDRESS	Di	FA 11	-4	-41	1	t	
		1	1 MX	1) DAK			6121	Belo	red /to	pell	ands	2		
			ION, REMOVAL				METERY OR CRE	MATORY	23d. LOCATION CITY OR TOWN	U	COUNTY		ST	ATE
		NTOMBME		3/9/79		LINC	ULN		BRENTWO		PRI (			D.
		NAME	110010		OLLINS	160 0	0001	AND (	REC'D. BY REGISTRA	RIZEGIREGI	STRAPSSI	NATU	ly	
	5	00 UNIV	.BLVD., U	,SILVE	R SPRING,	MU. 2	0901	III-III	0 13/3 6	1	/	-		

03-96-1979 10.309.		and and		RITER
	la la la	201.22 VAA	arthin.	FOWLE
CE GEORGE ES COUNTY			.1.2.1	THIOTE
STIPPE VENTE TRESS	Min the	BOLL JAN GO 21	PALICE GIORGE	Y.E.Y.E.
B THERONE WAS	201		FUTT 23,8030 39	1. 1.1.
COOTE SARVIS AVEN	The state of the s		THE	NWATE -
CATANA STVOSAIS	£.1 .	15.1	579-2	01/
		T. Det		
	1000			
		Programme State of the Control of th		
			V-	
TWOOD PRI CED 48.	21702	T. LIVECLE	: 04/0/:	THE STORES
			יון חוויי סיקרי	197

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED DEAD Th. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED PRINCE GEORGES U.S.A. Alabama WIDOWED DIVORCED 2, AND 3 TO THE THE 3. RETAIN FACE SHOULD BE FIED AL RECORDS, 301 W. F ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Prince George General Cheverly USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Cheverly 13d INSIDE CITY LIMITS? 3418 Court Drive Maryland Prince George FORM PM 3. FORM PM 3. ES 1 AND 2 SHON OF VITAL R 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST LAST Jessie Raymond Binkley Hale Lenora 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h, SOCIAL SECURITY NO 17 INFORMANT ADDRESS YES, NO, OR UNKNOWN) 423 24 6283 Florence, Alabama Leonora Hale 18. CAUSE OF DEATH (Enter only one cause per time for (a). (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Ferro Scherote Cardio Was welet Justan PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF AL EXAMINER A Conditions, if any, which AND MENTAL gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 OMER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). SED AS A I CERTIFICATION BE USED A 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES NO [ AGE 3 SHOULD BE ATE DEPARTMENT 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE ST. BALTMORE, MARYLAND, 212 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner DEPOTY MEDICAL EXAMINER 12800WILLOW WIND CIRCLE EXAMINER'S NAME AUGUSTO P. RODRIGUEZ (TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Florence, Lauderdale Co. Ala. 30 March 79 Greenview Cemetery Burial 24. FUNERAL DIRECTOR **DHMH - 17** Burgee Funeral Home, 3631 Falls Rd. Balto.Md. (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND

Scott from the sound of the sou

Total Company Cont Letter For an article of the control of the con

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-07527

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME MIDDLE 2n DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) March 26, 1979 Norah M. HANLON 6:50p M 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS Female White 13. 1884 Dec. To. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Marsland Ireland USA Prince-Georges WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hvattsville Sacred Heart Home Housewife. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Prince-Georges Brentwood 34th Street 44.07 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST John MIDDLE HanlenGalvin Margaret Danehy ADDRESS 7312-23rd Ave. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Hv. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY TILMONARY ONE IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF ERIOSCLEROTIC HEART Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 CERTIFICATION 198 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NOF YES [ 71a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M MEDIC/ 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive on MARCH 20 19 and that in (my) (am) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED MO ATTENDING MEDICAL STAFF romas PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS OLLINS 2600 UEENS HAPEL 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN 3-30-79 Olivet Cem. Washington, Mt. Burial

DHMH - 16 50M 7/77

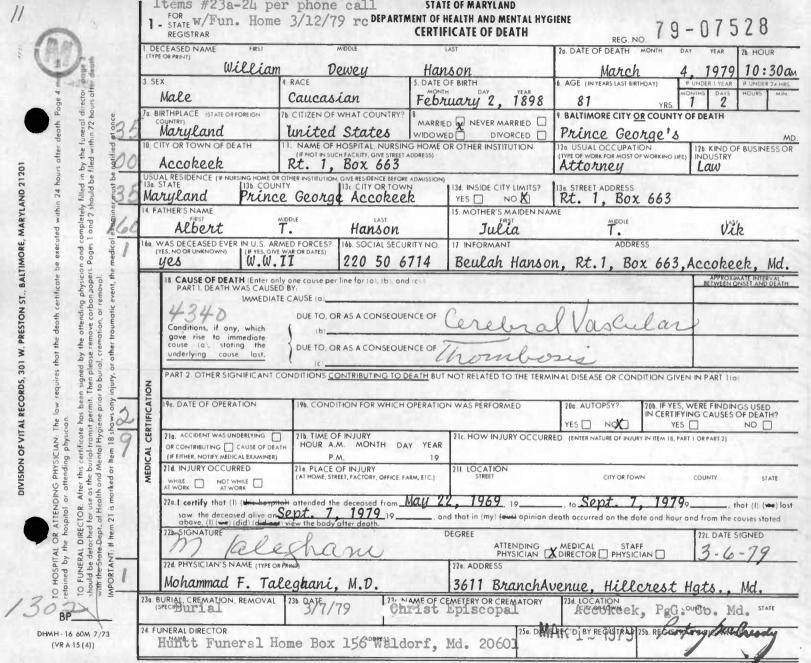
(VRA 15 (4))

24 FUNERAL DIRECTOR NaTley's F.H.Inc.

Mt. Rainier, Md.

250. DATE REC'D. BY REGISTRAR THE PERSONNEL PROPERTY OF THE PERSONNEL

527	70-61		TANTANAMAN MAN TANTANAMAN MANAMANAMAN TANTANAMAN TANTANAMANAMANAMANAMANAMANAMANAMANAMANAM			
g) stå			ROTAL	M.	ile soil	
				n Ate		Peals
	engrano-contri		2			y = 0 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
			a of June	291029		Direction of
	Japan Japan 1999		nous.	arte dest	from \$ f	
		Julia Tab		A 440 PT 100 PT		mios
Express Tr				-30-437		ON.
				V 4		
		7- 18		SWATTA		
	- In the second second	1. Sept 2			p-si	i telem
		Takin .	.40.37	E-410.		- Tellas



2, 10ve_10126e		303		10	mp.3.483	
		off 3 mans	45	EN	0.55	gia"
	2.20	X			), 1	PRANCO :
1	kdza'mer			an not .	0	10. No. 1
	Rt. 1, Fen 60			afanal api	niece Cen	_bmsbura
424	•			KO VEDE		6 - 6
C. Dieninnal C.	en, Pt. 1, Pox 6	16.0	6 -	05 033	TT 10, 10	5.0
		Tyse.				
7-			2 961	7, 1979	Servi.	
Live State	_ 8					
The Carry	verse, "Liche	AND THE		.9.4 .2	E. Tologhau	'ichmersi.

19-17529

DE-GA

30,000

39030 EDAT

11.1.,49. 3000

7. .

## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-07530 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MUDDLE LAST 20 DATE OF DEATH MONTH 1 DECEASED NAME LIVEE OR PRINTS VERA M. HARRILI DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE YEAR 5-9-1902 76 YRS Female White In BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED N. Carolina U.S.A. PRINCE GEORGE WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17ª USUAL OCCUPATION

IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS 9. BALTIMORE CITY OR COUNTY OF DEATH 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CHEVERLY PRINCE GEORGE GENERAL HOSPITAL Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 132 COUNTY 133. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS - Wells Avenue Pr. Geo. Mt.Rainier Md. YES X NOF 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE FIRST Thomas Michael Emma Helton ADDRES Rt. 1 Box 77-3 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 244-07-2398 Margaret Moore Ijamsville, Md. No Dtr.) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY W/ARRHYTHEMIA PROBABLE ACUTE M I IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF SEVERE ARTERIORCLEROTIC VASCULAR DISEASE Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 216 TIME OF INJURY 71a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from. JULY 79 sow the deceased ofive an obave, (I) (we) (did) (did not) view the lower death and that in (my) (our) opinion death occurred on the date and haur and from the causes stated 226. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS DON B. CAMERON M.D. 6490 LANDOVER RD. CHEVERLY MD. 20785

DHMH - 16 50M 7/77 (VRA 15 (4))

BALTIMORE

DIVISION OF VITAL RECORDS,

8

士

ild b MPORT

> 24 FUNERAL DIRECTOR Mt. Rainier, Md. Nalley's F.H.Inc.

23b. DATE

3-21-79

23g BURIAL CREMATION REMOVAL

Burial

231. NAME OF CEMETERY OR CREMATORY

Ft. Lincoln Cem.

Brentwood

23d LOCATION

25e. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY Pr. Geo. STATE

Md.

DV to	3-17	BRR ELL		A95V	
		13001-0-3			
	PRINCE CEORGE				gint Lorent .
	With the same of	W. 16181. TAS.	AN ANNO E	.159	VJERVERŪ
				.eeo. H	

PRODUBLE ACUTE M 1 AMERICA EMIA

SEVERE ARTERIOSCILENTIC VASCULAR DISUMSE

75 ULY - 1977

DOM B. CANERON M.D. 18496 LANDOVER RD. CHLYBRLY ND. 20785

The second of th

medical enaminer must be notified of once.

injury, or other traumatic event, the

IMPORTANT: If them 21 is marked or them 18 shows any

STATE OF MARYLAND FOR

- STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-07531

	CEASED ALLANS												
	CEASED NAME	FIRST	٨	AIDOLE		LAST		20 DATE OF DEAT	H MONTH	DAY	YEAR	2b. HOL	JR
(ITPE	OR PRINT)	Willia	am Haro	old H	ARRIS			Ma	rch 5,	1979		2:3.	5a.m
3. SE	X		4 RACE			OF BIRTH		6. AGE (IN YEARS LAS	T BIRTHOAY)	IF UNDER	RIYEAR	IF UNDER	24 HRS
	Male		Caucas	ian	MO	NTH DAY	1913	65	WD5	MONTHS	DAYS	HOURS	MIN
7a BI	IRTHPLACE (STATE OR FO	OREIGN	7h CITIZEN OF	WHAT COUN	VTRY? 8.			9 BALTIMORE CI	YRS TY OR COUN	TY OF DE	ATH		
	Wash.		U.S.A.		MARE		ER MARRIED	Prince G	_				
0 0	ITY OR TOWN OF DEA		11. NAME OF H	IOCDITAL NU		WED _	DIVORCED	12a USUAL OCCU			_	F BUSIN	JM
		AIH	Doctors					Mechanic		LIFE) IND	USTRY	IL ROZIN	233 OK
	anham				_		ounty	Mecuanic	-dreyn	ouria	00.		
	AL RESIDENCE (IF NURS	13b. COUN		13c CITY OR			E CITY LIMITS?	13e STREET ADDRE	SS				
	Md.	Pr.	Geo.	Rive	rdale	YES T	NO 🗌	5403- Je	fferson	n St.			
4. F.A	ATHER'S NAME		AIDDLE	LAS		15 MOTH	ER'S MAIDEN NAM	ME	15		241	7	
	William		H.		rris	N 718	Blanch		ric	Jen	kin	S	
	WAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL	SECURITY NO		MANT	Al	DDRESS				
{'	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	577-0	9-9217	Doro	thy M. H	arris - a	bove a	ddres	S		
_	No						(Wi	fe)				MATE INTE	RVAL
ш	18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	D BY.		natic	Com	ea			- 81	ETWEEN	ONSET AND	DEATH
	1 10 100 1	IMMEDIAT	E CAUSE (a)	17				,	_			-	
	1332		DUE TO, OI	R AS ADONS	SEQUENCE OF		1/1	111					
	Canditions, if any		( (b)_	ca	ncem	mu	of her	00					
	gove rise to imr	nediote	(b)	Ca Ca	N CEM	mu	f let	ev			+		
		mediate ng the	DUE TO, OF	RAS CH	source of	nu	toris	ev	415		h		
	gove rise to immore couse (0), stating underlying cause	mediate ng the last	(c)	ca	SPOUENCE OF	nu	ton			LIVEN IN P	PART 1/4		
Z	gove rise to immo	mediate ng the last	(c)	ca	SPOUENCE OF	nu	ton		CONDITION G	IVEN IN P	PART 1(c	01	
ATION	gove rise to improve (a), static underlying cause PART 2. OTHER SIGN	nediate ng the last	(c) ONDITIONS <u>CC</u>	ONTRIBUTING		UT NOT RELA	TED TO THE TERM	INAL DISEASE OR C					
FICATION	gove rise to immore couse (0), stating underlying cause	nediate ng the last	(c) ONDITIONS <u>CC</u>	ONTRIBUTING	SPOUENCE OF	UT NOT RELA	TED TO THE TERM	INAL DISEASE OR C	206. IF Y	ES, WERE	FINDIN	GS USE OF DEA	TH?
RTIFICATION	gove rise to immodule couse (o), stating underlying cause PART 2. OTHER SIGN 19a DATE OF OPERA	nediate ag the last NIFICANT C	ONDITIONS CC	ONTRIBUTING		UT NOT RELA	TED TO THE TERM	200 AUTOPSY?	20b. IF Y	ES, WERE TIFYING C YES	FINDIN	NGS USE	TH?
	gove rise to improve to the couse (0), statir underlying cause PART 2. OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNIT	mediate ng the last  NIFICANT C	(c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ONTRIBUTING	VHICH OPERAT	UT NOT RELATION WAS PER	TED TO THE TERM	INAL DISEASE OR C	20b. IF Y	ES, WERE TIFYING C YES	FINDIN	GS USE OF DEA	TH?
	gove rise to immodule couse (o), stating underlying cause PART 2. OTHER SIGN 19a DATE OF OPERA	TION  DERLYING CAUSE OF DEAL	ONDITIONS CO	TION FOR W		UT NOT RELA ION WAS PER	TED TO THE TERM	200 AUTOPSY?	20b. IF Y	ES, WERE TIFYING C YES	FINDIN	GS USE OF DEA	TH?
	gove rise to improve to couse (a), statir underlying cause  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNIOR CONTRIBUTING	nediate  ig the  last  NIFICANT C  TION  DERLYING C  CAUSE OF DEA  ALEXAMINER)	ONDITIONS CO	EINJURY M. MONTH	VHICH OPERAT H DAY YEA	UT NOT RELA  JON WAS PER  Z16. HOW	TED TO THE TERM REFORMED VINJURY OCCURE	200 AUTOPSY?  YES NO	206. IF Y IN CER <sup>3</sup>	ES, WERE TIFYING C YES B, PART † OR F	FINDING AUSES	NGS USE OF DEA NO	TH?
	gove rise to improve to the couse (a), statir underlying cause  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNION CONTRIBUTING (FEITHER, NOTIFY MEDIC 21d INJURY OF COURT	mediate 19 the 10st VIFICANT C TION  DERLYING C CAUSE OF DEA ALEXAMINER) RED HILE	ONDITIONS CO	EINJURY M. MONTH	VHICH OPERAT	UT NOT RELA  JON WAS PER  Z16. HOW	TED TO THE TERM REFORMED VINJURY OCCURE	200 AUTOPSY?  YES NO	20b. IF Y	ES, WERE TIFYING C YES	FINDING AUSES	NGS USE OF DEA NO	TH?
	gove rise to improve to the couse (a), statir underlying cause  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOTHEY MEDIC 21d INJURY OCCUR)  WHILE NOTH AT WOR AT WOR	mediate gg the last last VIFICANT C  TION  DERLYING CAUSE OF DEAL LEXAMINER)  RED  HILE  JRK	ONDITIONS CO	TION FOR W.  F INJURY M. MONTH M.  OF INJURY GEET, FACTORY, O	H DAY YEA	UT NOT RELA  JON WAS PER  Z16. HOW	TED TO THE TERM REFORMED VINJURY OCCURE	200 AUTOPSY?  YES NO	206. IF Y IN CER <sup>3</sup>	ES, WERE TIFYING C YES B, PART † OR F	FINDING AUSES	NGS USE OF DEA NO [	TH?
MEDICAL CERTIFICATION	gove rise to improve the couse (a), statir underlying cause  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOTHY MEDIC 21d INJURY OCCUR  WHILE NOT WAT WORK NOT AT WC  22a.1 certify that (1)	mediate g the last last VIFICANT C  TION  DERLYING C  CAUSE OF DEAL AL EXAMINER)  HILE  Gran Hespirite  (this hespirite	ONDITIONS CO	TION FOR W.  F INJURY M. MONTH M.  OF INJURY GEET, FACTORY, O	H DAY YEA	UT NOT RELA  ION WAS PER  21c. HOW  STR	TED TO THE TERM REFORMED VINJURY OCCURE ATION BET 19	200 AUTOPSY?  YES NO RED (ENTER NATURE OF	206. IF Y IN CER'	ES, WERE TIFYING C YES	FINDING AUSES	NGS USE OF DEA NO [	TH?
MEDICAL CERTIFICATION	gove rise to improve the couse (a), statir underlying cause  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNIOR CONTRIBUTING (IF EITHER, NOTIFY MEDIC)  21d INJURY OCCUR  WHILE NOT WAT WORK AT WORK  22a.1 certify that (I) sow the deceas obove, (I) (w)	mediate g the last last NIFICANT C TION  DERLYING CAUSE OF DEA ALEXAMINER) RED HILL (this hespired alive an	ONDITIONS CO	DNTRIBUTING  ITION FOR W  F INJURY  M. MONTH  M.  OF INJURY  REET, FACTORY, 0	H DAY YEA	UT NOT RELA  ION WAS PER  216. HOW  STR	TED TO THE TERM REFORMED VINJURY OCCURE ATION BET 19	200 AUTOPSY?  YES NO	206. IF Y IN CER'	COUP	FINDING AUSES	NGS USE OF DEA NO [ s	TH?
	gove rise to improve to couse (a), statir underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d INJURY OCCUR  WHILE NOT WAT WORK  27a. I certify that (1)  saw the decas	mediate g the last last NIFICANT C TION  DERLYING CAUSE OF DEA ALEXAMINER) RED HILL (this hespired alive an	ONDITIONS CO	TION FOR W.  FINJURY M. MONTH M.  OF INJURY eter, FACTORY, Of after death,	H DAY YEA	UT NOT RELA  ION WAS PER  21c. HOW  STR	TED TO THE TERM  REFORMED  VINJURY OCCURR  ATION  SET  my) (our) opinion (	200 AUTOPSY? YES NO	206. IF Y IN CER.	COUP	FINDING AUSES	NGS USE OF DEA NO [	TH?
	gove rise to improve the couse (a), statir underlying cause  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNIOR CONTRIBUTING (IF EITHER, NOTIFY MEDIC)  21d INJURY OCCUR  WHILE NOT WAT WORK AT WORK  22a.1 certify that (I) sow the deceas obove, (I) (w)	mediate g the last last NIFICANT C TION  DERLYING CAUSE OF DEA ALEXAMINER) RED HILL (this hespired alive an	ONDITIONS CO	DNTRIBUTING  ITION FOR W  F INJURY  M. MONTH  M.  OF INJURY  REET, FACTORY, 0	H DAY YEA	UT NOT RELA  ION WAS PER  216. HOW  STR	TED TO THE TERM REFORMED VINJURY OCCURE ATION BET 19	200 AUTOPSY?  YES NO RED (ENTER NATURE OF	20b. IF Y IN CER.	COUP	FINDING AUSES	NGS USE OF DEA NO [ s	TH?
	gove rise to improve the couse (a), statir underlying cause  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNIOR CONTRIBUTING (IF EITHER, NOTIFY MEDIC)  21d INJURY OCCUR  WHILE NOT WAT WORK AT WORK  22a.1 certify that (I) sow the deceas obove, (I) (w)	mediate g the last last last last last last last last	ONDITIONS CO	TION FOR W.  FINJURY M. MONTH M.  OF INJURY eter, FACTORY, Of after death,	H DAY YEA	UT NOT RELA  ION WAS PER  216. HOW  STR	TED TO THE TERM  REFORMED  VINJURY OCCURR  ATION  BET  THE NOTION OPINION OF THE NOTION OF THE NOTIO	200 AUTOPSY? YES NO RED (ENTER NATURE OF	20b. IF Y IN CER.	COUP	FINDING AUSES	NGS USE OF DEA NO [ s	TH?
	gove rise to improve to improve rise to improve role of the role o	mediate g the last last last last last last last last	ONDITIONS CO	TION FOR W.  FINJURY M. MONTH M.  OF INJURY eter, FACTORY, Of after death,	H DAY YEA	UT NOT RELA  ION WAS PER  21c. HOW  21f LOC  STR	TED TO THE TERM  REFORMED  VINJURY OCCURR  ATION  BET  THE NOTION OPINION OF THE NOTION OF THE NOTIO	200 AUTOPSY? YES NO RED (ENTER NATURE OF	20b. IF Y IN CER.	COUP	FINDING AUSES	NGS USE OF DEA NO [ s	TH?
MEDICAL	gove rise to improve the couse (a), statir underlying cause  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d INJURY OCCUR.  WHILE NOT WAT WOR AT W.  22a. I certify that (I) sow the decess obove, (I) (w.)  22b. Sign AT 1.1.	mediate g the last last NIFICANT C  TION  DERLYING CAUSE OF DEAL LEXAMINER) HILE (this hespired did (did no	ONDITIONS CO	TION FOR W.  FINJURY M. MONTH M.  OF INJURY eter, FACTORY, Of after death,	H DAY YEA  OFFICE, FARM, ETC.)  from T	UT NOT RELA  ION WAS PER  21c. HOW  21f. LOCA  STR  DEGREE	TED TO THE TERM  REFORMED  VINJURY OCCURR  ATION  BET  THE NOTION OPINION OF THE NOTION OF THE NOTIO	200 AUTOPSY?  YES NO RED (ENTER NATURE OF  CITY C  death occurred on t  MEDICAL DIRECTOR PH	20b. IF Y IN CER' IN ITEM 11 OR TOWN  A to dote and h  STAFF HYSICIAN	COUID	PART 2) NTY Om the	NGS USE OF DEA NO [ s that (I) ( causes st	TH?
WEDICAL 233. I	gove rise to improve to improve rise to improve role of the role o	mediate g the last last last  TION  DERLYING CAUSE OF DEA ALEXAMINER  Within heapi ed alive an Idd (did no)  AME (TY)  REMOVAL	ONDITIONS CO	TION FOR W.  FINJURY M. MONTH M.  OF INJURY PEET, FACTORY, O  after death.	H DAY YEA	UT NOT RELA  ION WAS PER  216. HOW  216 LOCA  STR  226 ADD	TED TO THE TERM  REFORMED  VINJURY OCCURE  ATION  ATTENDING PHYSICIAN  RESS	200 AUTOPSY?  YES NO  RED (ENTER NATURE OF  CITY C  MEDICAL  DIRECTOR PH	20b. IF Y IN CER' IN ITEM 11 OR TOWN  A to dote and h  STAFF HYSICIAN	COUP	PART 2) NTY Om the	NGS USE OF DEA NO [ s	TH?

DHMH - 16 50M 7/77 (VR A 15 (4))

165 vo = 6 v

. . . . · de barro (Verri en Esta Casa) Eligible H. Herrist H. H. Harrist marrials swork - seveni A piters - Top-co-178 DISK! STEEL 

Surial of 1/1975 Committee Commerce of Land 12.000. 153

DHMH - 16 50M 1/76

(VR A 15 (4))

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTII	FICATE OF DEATH		REG. NO.	79.	-07	53	3
I. DE	CEASED NAME	FIRST		MIDDLE		LAST	20	G. DATE OF DEATH MON	TH DAY	YEAR	26 HOL	JR
		lilda	1	R	Hor	hert		March	23 1	1979	7.5	5 aM
3. SE			4 RACE		5. DATE	OF BIRTH	6.	AGE (IN YEARS LAST BIRTHDAY)	) IF UN	OER I YEAR	IF UNDER	24 HRS
	female		white		Api	ril 30, 1902	2	76	YRS	HS DAYS	HOURS	MIN
	RTHPLACE (STATE OR PUNTRY)	OREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9	BALTIMORE CITY OR CO	DUNTY OF I	DEATH	- 10	
	rginia		US		WIDOW			Prince Geo	rge's	20		MD
	ty or town of DE <b>iverdale</b>	ATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	or other institution ial Hospital	(3	Re USUAL OCCUPATION  TYPE OF WORK FOR MOST OF WOR  HOUSEW	RKING LIFE)	2b. KIND C NDUSTRY		
USU/ 13a. S	AL RESIDENCE (IF NUR STATE Md	13b COUN	OTHER INSTITUTION		RE ADMISSION)			s STREET ADDRESS 4015 Newto	n st.			
14 FA	THER'S NAME FIRST Joseph		MIDDLE nell	LAST		15. MOTHER'S MAIDEN		Bradley		LAS	ST	
	VAS DECEASED EVER (ES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	579 28	7330	Charles J	He	rbert Alex	andria	a V	/a	
CERTIFICATION	gave rise to immediate couse 10. stating the underlying cause lost    Due to, or as a consequence of underlying cause lost								D			
TIFIC		1-0						YES NO YES NO NO				
CAL	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	HOUR A.	M. MONTH D M.	AY YEAR		CURRED	) (ENTER NATURE OF INJURY IN I	TEM 1B, PART 1 (	OR PART 2)		
MEDI	21d. INJURY OCCUR WHILE NOT W AT WORK AT W	HILE	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	C	OUNTY	51	TATE
	27a.1 certify that (1) (this hospital) attended the deceased from 18 , 19 19 , to 10 10 10 10 10 10 10 10 10 10 10 10 10											
he	22d. PHYSICIAN'S N	N MA	ATTENDING PHYSICIAN 22e. ADDRESS		MEDICAL STAFF DIRECTOR PHYSICIAN		3 33	74				
	^	CHUA-	11			LONGA II.	i'm or	EBLYD Coll	age jo	nk 1	md 2	274
23 a E	URIAL, CREMATION SPECIFY) Buri		23b. DATE Mar 27			ton National		23d LOCATION CITY OR TOWN Arlington A	rling	top	Va	ATE
	INERAL DIRECTOR	~	-			25 0		E 8 B G F GTRAR 24			UNFOR	
1	F. Gasch's	Sons	PA H	yattsvil]	le, Mo	1.			/		/	

79-07533

ar conturn the street

tenen it a

and the second second second

per al le colorelle control noguetor dell'

All of Creation Control and the control of the cont

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME KNOWN 26 HOUR (TYPE OR PRINT) OF ESTI-WITHIN 72 HOURS DEATH MATED 19 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR. 6 AGE (IN YEARS 2d. HOUR IF UNDER 24 HRS DATE DAY YEAR LAST BIRTHDAY PRONOUNCED DEAD 0 70. BIRTHPLACE (STATE OR LOUNTRY? 1. BALTIMORE CITY OR COUNTY OF DEATH MARRIED FT NEVER MARRIED USA Illinois WIDOWED [ DIVORCED N PAGE 5 F BE FIED, W DS, 300CW. R GITY OR TOWN OF DEATH 11, NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK OR IND DEPOT. 3. RETAIN PA SHOULD BE F Food Technology Agric. USUAL RESIDENCE OF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 196 COUNTY 13d INSIDE CITY LIMITS? 13a. STREET ADDRESS Z YES X NO OF VITAL 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LAST Hiner E. George Ida Mae Pearson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 142-22-9819 No Virginia Hiner, Wife, Same as Above CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Herro Schröte Cardo Vascula disease IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. CREMATION, C PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 4 CERTIFICATION USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? DEPARTMENT OF PRIOR TO BURIAL, YES NO T BE 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (ATHOME, 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK STATE [ EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21; 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Accident deoth resulted from: Notural causes Homicide \_\_ Undetermined monner TITLE (SPECIFY) Deputy MEDICAL EXAMINER 12800 Willow Wind Circle, Oxon Hill, Md. Augusto P. Rodriguez M.D. EXAMINER'S NAME TYPE OR PRINT 20022 ADDRESS 230. BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Burial 3 - 30 - 79Parklawn Cemetery Rockville Maryland 4308 Suitland 250. DATE RACE BY REGISTRAR 256. REGISTRAR'S SIGNATURE Wilhelm **DHMH - 17** Rd., Suitland, Md. (VR A) 5 ME (5)) Funeral Home 15M7/77

STATE OF MARYLAND

#6610-8 Hand the married of the Louisian Company of the state of the s

· N	1	STATE OF MARYLAND  FOR STATE STATE REGISTRAR  STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO. 7 9 - 0 7 5 3 5					
page 3		CEASED NAME FIRST EOR PRINT)	Faulds	HODGE	MARCH (2, 1	479 1230 PM	
Poge 4 ma	3. SE	Female	White	5 DATE OF BIRTH MONTH DAY YEAR Aug. 12. 1884		UNDER 1 YEAR IF UNDER 24 HRS NIHS DAYS HOURS MIN	
death. Po	(	IRTHPLACE (STATE OR FOREIGN SOUNTRY) Scotland	76 CITIZEN OF WHAT COUNTRY?  USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF PRINCE GEORGE'S		
by the filed with the notified		CHEVERLY	(IF NOT IN SUCH FACILITY, GIVE STREET PRINCE GEORGE S	GEN HOSPITAL	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife	126. KIND OF BUSINESS OR INDUSTRY	
y filled in should be	13a.	STATMd. 136 COUNTY -PG		n 134 INSIDE CITY LIMITS?	1648 Eaton Way		
ampletel		Peter Faulds	MIDDLE LAST		Preston	LAST	
on and co	160	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE NO	WAR OR DATES	RITY NO. 17 INFORMANT 1030 4291 Douglas H	6 Royal <sup>ADRUS</sup> .Hill odge (Son)	andale, Md.	
that the death certificated by the attending physic lease remaye corban page ial, cremation, ar removal or ather troumatic event, t		PART I. DEATH WAS CAUSE	E CAUSE (0)	ARREST SCIENATIC CARD	INASCULAR DESIGNA	APPROXIMATE PATERVAL BETWEEN ONSET AND OFATH	
been signermit. Then pl priar to buri	IFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  WITH VITTIN AND DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED					
SICIAN: The long physicion. certificate has rial-transit per tental Hygiene ttern 18 shaws.	CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			YES NO YES  RED (ENTER NATURE OF INJURY IN ITEM 18, PART		
attending ter this ce is the buri h and Mei	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE	
ATTENDIP Ispital ar ICTOR: Af I for use a I of Health		saw the deceased alive on obove, (I) (we) (did) (did no	offended the deceased from  MHICH 11, 19  view the body after death.		death occurred on the date and hour o	79, that (1) (we) last and from the causes stated	
by the har lERAL DIRE. State Dept ANT: If then		22b. SIGNATURE NORMAN	K Bohre		MEDICAL STAFF DIRECTOR   PHYSICIAN	March 12, 1979	
d b be be See See See See See See See See		22d. PHYSICIAN'S NAME (TYPE O	RPRINT) 1	22e. ADDRESS			

DHMH - 16 50M 7/77 (VR A 15 (4))

3/15/79

NORMAN K. BOHRER

23a BURIAL, CREMATION, REMOVAL Burial

23d. LOCATION

BOWIE, MD 20715

STATE

3231 SUPFRIOR LANE

23c. NAME OF CEMETERY OR CREMATORY

Burial 3/15/79 Ft.Lincoln Cemetery Brentwood PG

14 FUNERAL DIRECTOR
Himes/Rinaldi F.H. 118005 N.H.Ave.Silver Spring Md.

A C AR			
	BI SI sub	Phitu	elume'i
YTHUO STERRILL LEARNING	X	ASU	bnalton
ronaeviie	JATI POOR I VEDE	etsanosa asetpan	Y_INEVER
1648 Enton Nay	T en	orten)	. БМ
Ireston			eter Paulde
Note (ton)	. (291 bourlan	213 7	oll
atery araptwood of	- Lξ.	01 8900	A THE OF

18-07536 Marin In the Park of the State of the And the state of t object to the form . 10 = 11. treato TOX I DESCRIPTION OF THE PROPERTY OF THE PROPE the fundamentation with nation

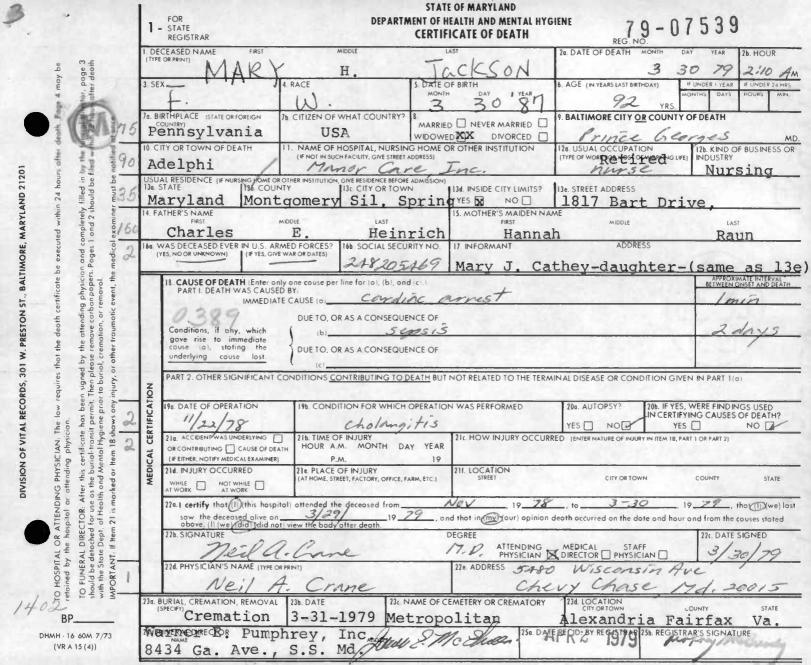
. . Jan 152 por vo 52 no 153 ast . .

01	h/	STATE OF MARYLAND								
1	4		1-	FOR STATE	TE TEARING AND MENTAL DISTRICT TO -				-07537	
	U		1.05	REGISTRAR FASED NAME FIRST	MIDDLE	LAS		REG, NO.		_
1			CEASED NAME FIRST Ida			aber	20. DATE OF DEATH MONTH	9 79 130		
		3. SE.		4 RACE	5 DATE OF	9000	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HR	M	
			Female	WHITE	MONTH 3	DAY YEAR 25 96	82 YRS	MONTHS DAYS HOURS MIN	_	
一 利煙 3		50 M		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	□ NEVER MARRIED □	BALTIMORE CITY OR COUNT	Y OF DEATH	
	1000		POLAND	POLAND	WIDOWED		PRINCE GEO	RGES A	MD.	
	90 Steel	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	TREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)		OR	
130	e for	96 70	ÚSÚ	AL RESIDENCE (IF NURSING HOME O	POTHER INSTITUTION GIVE RESIDENCE	Home 1	anox Care	MERCHANT	RETIRED	
ST., BALTIMORE, strifticate be execut g physicion and connopopers. Pages 1 removal.	niner must b	1130 5	RYLAND PRIN	NTY 113c CITY OR	TOWN 1	3d INSIDE CITY LIMITS?	13e STREET ADDRESS 8124 14th AVEN	IUE		
		14 FA	THER'S NAME MAX	MORHE	CHNIK	5 MOTHER'S MAIDEN NAM		0	_	
	l exam	14 1				Bella		Schwarz	2	
	edicol	160 V	4.4	E WAR OR DATES)		7 INFORMANT	AD WOODBI	NE, MARYLAND		
	e m		NO I		-0370J2	MRS. DARLEN	CARVER 16325 C	ARRS MILL ROAL	0	
	±,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for 10 , 16	ond ic	-1 1	D	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	7	
	eve			TE CAUSE (o)	under	y Hadev	el .	muselval	e	
PRESTON	ndir cort	notic		436-	DUE TO, OR ASA CONS	EQUENCE OF	V		4	
REST	offe offe offor	roor		Conditions, if ony, which gove rise to immediate	( b) P10	reloy	Calenda	ia	Luver	,
W. P.	the rem	her		couse (o), stoting the	DUE TO, OR ASMA CONSI	EQUENÇA 99	0111		. 1	
201 V	d by	or of		underlying couse lost	(0) 10/1	ine	CiV.A.		10 days	
	signe signe hen pl	Jury, c	Z	PART 2 OTHER SIGNIFICANT	conditions, <u>contributing</u>	TO DEATH BUT N	OT RELATED TO THE TERM	NAL DISEASE OR CONDITION GI	V ///	1
RECORDS	een	ny	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	WAS PERFORMED	200 AUTOBY? 1206 IF YE	S, WERE FINDINGS USED	九
REG	n. nos b perm	\$2	IFIC			ner or examore	WAS TERI ORMED	IN CERT	FYING CAUSES OF DEATH?	0
ITAL	sicio sicio nsit ygie	of o	ERT	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	1	71c HOW IN JURY OCCUPP	YES NO Y  ED (ENTER NATURE OF INJURY IN ITEM 18.	ES NO	_
> F	0 = 0	8 9	/	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	and the majorn occord	ED TENTER INTORE OF MOORT IN THEM TO.	PARTI ORPARTZ)	
NO NO	ding s cer	r Hem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e PŁACE OF INJURY	19	211 LOCATION			_
DIVISION OF VIT	ottend ottend fter thr ss the b	rkedo	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF		STREET	CITY OR TOWN	COUNTY STATE	
	R: Al	Item 21 is mo		220 I certify that (I) (this hosp	talt ottended the deceased fr	om	19 196	9.10 March 9	19 79 . that (1) (we) lo	ost
1	for of H			sow the deceased alive on above, (III, (we) (did) (did no	of) view the body ofter death.	19 79 . ond	that in (my) (our) opinion o	eath occurred on the date and ho	ur and from the couses stated	
9	hos hos hed			226. SIGNATURE	1 00	1 DE	CREE		22c. DATE SIGNED	
		T: If		Agalacy	L ONEWHO	1 las	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	March 7, 197	19
E d	NER be o	Z Z		22 d. PAYSICIAN'S NAME (TYPE C	PRPRINT)	/	22e. ADDRESS			-+
C	etoined by TO FUNER should be with the St	MPORTANT		Sydney	Levente	121.40	Silvers	Pring M	d.	
510	2 4 3	₹	23a. B	URIAL, CREMATION, REMOVAL	236. DATE	23c. MAME OF CEA	METERY OR CREMATORY	23 IL LOCATION		=
000	BP		(:	BURIAL	3/11/1979	OHEV SHO		WASHINGTON	COUNTY STATE	
DHM	H - 16 60M 1/75	5	24. FU	A A C C A C A C A C A C A C A C A C A C	D M. STEIN HEI			REC'D. BY REGISTRAR 25b. 10 GIS	BARSHOPPE	_
	VR A 15 (4))				ARROLL ST. N. U				-yin-out	
				202	MANUAL STANIAN	a. Whalley	TO THE TOTAL CONTRACTOR	10.0		

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9-07538 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT) HENRY 3 SEX RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER I YEAR HOURS egro BALTIMORE CITY OR COUNTY OF DEATH Ta. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED North Carolina United States | WIDOWED DIVORCED [ Cheverly 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Prince George's General Hosp. Cheverly Railroad Laborer ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 136 COUNTY 13e. STREET ADDRESS 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Seat Pleasant YES Maryland 614-63rd PLACE NOF 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE UNKNOWN MIDDLE Henry UNKNOWN Jackson nedicol Friend ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Poges Pleasant, MD. (YES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATEST Unknown Mrs. Della Middleton/614-63rd Pl. Seat 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION prior 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH entol (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INTURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram sow the deceased alive an. and that in (my) (our) opinian death accurred on the date and hour and from the causes stated er deoth above, (1) (we) (did) (did not) view the bady of 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be deta with the State [ DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME ETYPE OR PRINT 22e. ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Suitland Cedar Hill Crematory CREMATION DHMH - 16 60M 7/73 Rollins Funeral Home, Inc. 4339 Hunt Place, N. HAR (VR A 15 (4))

			E4 14	UESO"		als.
		X		andows ted.	al del	longo istro
water	narwin."	.080	7.014.16	'erros' som		ratrovenil.
ه سیاد ۴						handysist
Bijesmat		C STRATE		noaxonl		vinoli
	-1	n siles	0	zerosola <sup>17</sup>		

Charles Tourers From the Assertant Theory I and Assertance of the State of the Control of the Assertance of the Assertan



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED DATE OF BIRTH AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2c. DATE 2d HOUR PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED A DIVORCED NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST OF 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. DIVISION (YES, NO. OR UNKNOWN) 18. CAUSE OF DEATH (Enter only one cause par line for, (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Conditions, if ony, which ED AS A BURIAL TRANS gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. OR CREMATION PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION USED 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL. YES NO T BE AGE 3 SHOULD BE ATE DEPARTMENT 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 214 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE COUNTY WHILE AT WORK PAGE 4 SHOUID BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinian death resulted fram: Notural causes Accident Homicide Undetermined manner E (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION DHMH-17 20M T/73 24. FUNERAL DIRECTOR () (VR A15 ME (5)) 20019

MAR I WILL Thing fire Penny

79-07541 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIODLE 20 DATE OF DEATH I. DECEASED NAME MONTH 7h HOUR TTYPE OR PRINTI WINNIE T. 18,1979 **JEFFERS** MARCH 11:10am 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) MONTH OAYS 4.1893 Female. Caucasian Dec 10 BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY WIDOWED Prince Georges Towa DIVORCED [ O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cheverly Prince Georges General Hospital PRESTON ST., BALTIMORE, MARYLAND 2120 Clerk JSUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13L COUNTY The STREET ADDRESS 134 INSIDE CITY LIMITS? Md. Pr. Geo. Bowie 12504 Scarlet Lane YES TO IL FATHER'S NAME IS MOTHER'S MAIDEN NAME CV AN EVENT 1410 PRIL Warren Green Thursa Giffallan ME WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS I SOCIAL SECURITY NO 17. INFORMANT LARE WO DK INWHOMMS I I F YELL GIVE WAR ON DATES! Winifred Same as n/a effers IB. CAUSE OF DEATH (Enter only one couse per line to PART L DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate course to the storing the DIVISION OF VITAL RECORDS, 201 W. underlying couse lost ple PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT BOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 0 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? pr IN CERTIFYING CAUSES OF DEATH? 04 ď NOIN iol-tronsit She 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 5 71# INJURY OCCURRED 71e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK pitall offended the deceased from that (1) (this inw the deceased and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 1) (we) (did (did fiew the body ofter death FUNERAL DIREC 22c DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 226 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS LAUREL-BOWLE R.D HIGO Shoul with 23c NAME OF CEMETERY OR CREMATORY 230 BURTAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE STATE MAR Cremation Metropolitan Crematory Alexandria, Virginia 250. DATE REC'D. BY REGISTRAR THE RECOVERAGE STIGMATURE DHMH - 16 60M 1/75 perform / MC Cready Annapolis .Md. 21401 (VRA 15 (4))

STATE OF MARYLAND

STATE OF MARYLAND FOR 79-07542 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST 20 DATE OF DEATH MONTH I. DECEASED NAME DAY (TYPE OR PRINT) NETTIE B JETT March 13, 1979 2:40AM 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 4 RACE 5. DATE OF BIRTH MONTHS DAYS HOURS MIN MONTH DAY YEAR CAUCASIAN AUG. 1892 FEMALE BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR FOREIGN. 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's WEST VIRGINIA U.S.A. WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR ID. CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY NONE HOMEMAKER Lanham Doctors' Hospital of Pr. JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) HAY COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS MONTGOMERY GERMANTOWN MARYLAND NO K 14004 SCHAEFFER RD. 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST LAST FIRST MIDDLE MIDDLE puo SHIFFLETT BERTA CHAP SHIFFLETT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-50-4341 E. LEDFORD JR. (SAME AS 13e ALBERT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DUE TO, OR AS A CONSPOUENCE OF Therosol Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE PINDINGS USED 20 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOT 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ž 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 22c DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF MAD should be detained the State E 167200 DIRECTOR PHYSICIAN PHYSICIAN T 22d. PHYSICHAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL CREMATION, REMOVAL 23b. DATE CITY OR TOWN COUNTY STATE BURTAL 3-15-79 FT. LINCOLN CEMETERY BLADENSBURG BP. REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 NAME (VRA 15 (4)) ROBERT A. PUMPHREY FUNERAL HOMES P/A MD

STATE OF MARYLAND

F. Gasch's Sons F.H. P.A. Hyatts. Md.

FOR

- STATE

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-17-70 9:508					
		Joseph	3	EVIDU	
	<b>*</b>	dely 20, 1908	as inf		o int
REETS COUNTY			. K.R.B	oto.	ot office.
.3 'veb	termonos	TATTAROT S.	SORGE CEORGE	,	Yahawa
m St. 115 m	rajn Tin	z gotffer	roll No.	,n.9	. hu-
ovill To spin seesby		yasi — u		. 1	m'ou
.071.07		rfol . diibC 2100-			
				descript.	12:15
				3,000	(n) A
7 1			- 1/2		
			- 1	3	

. Carchig Konn C.M. P. L. Lynten. Mr.

MPGETANT If them 21 is marked or Item 18 shows any injury, or ather traumatic event, the medical examiner

## STATE OF MARYLAND

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7		REGISTRAR				CERTI	FICATE (	OF DEATH		REG. NO.	79 - 0	1545
		CEASED NAME	FIRST		MIDDLE		LAST		2a DATE OF D	EATH MONTH	DAY YEAR	2b. HOUR
e	(TYPE	OR PRINT)	LOUI	SE	H.	1	OHNS	ON	MARCH	22	1979	9:30AM
	3. SEX	X	1001	4. RACE		S. DATE	OF BIRTH		6. AGE (IN YEAR		IF UNDER 1 YEAR	R IF UNDER 24 HRS
		F		E	3	MON	- 19		74	YRS	MONTHS DAYS	HOURS MIN
П	7a BIF	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN	OF WHAT CO	UNTRY?	ED T NEV	ER MARRIED	9 BALTIMORE	CITY OR COUN	NTY OF DEATH	
3		MD.		41.5	3. A	WIDOW		DIVORCED [	Princ	e George	e's	MD.
	10. CI	ITY OR TOWN OF DE	HTA			NURSING HOME	OR OTHER	INSTITUTION	12a USUAL OC	CUPATION OR MOST OF WORKING		OF BUSINESS OR
3		Lanham					r. Ge	o. Co	DOMES	TIC	Done	ESTIC
		AL RESIDENCE (IF NUI	RSING HOME OF			NCE BEFORE ADMISSION		DE CITY LIMITS?	13e STREET AD	DRESS		
S		Mo,	P. C	à .	Box	416	YES 🔀			MAPLE	Aue.	
	14. FA	ATHER'S NAME	THE A	MIDDLE .		LAST	15. MOTH	HER'S MAIDEN NA		MIDDLE	1/	AST
	1	HENRY			OHNSON		MI	ATILDA		MARS	SHALL	
	16a W	VAS DECEASED EVEL		MED FORCE		IAL SECURITY NO.	17 INFO		1 0	ADDRESS		100
		No				8-1203	LUCI	lle Bob	B JAM	E48 /3	E-516	764
		18 CAUSE OF DEA	TH (Enter an	ly one caus	e per line far (a	), (b), and (c)		A	W. Land		APPRO	NONSET AND DEATH
		PART I. DEATH		E CAUSE (	O CARI	010-1222	MER	Take A	CRES!			
		1991		DUE T	O. OR AS A CC	NSEQUENCE OF	1	, 7				
		Conditions, if an	y, which	(	6) Mio	RIBBU	no	Cono	Terr			
	- 1	gove rise to im		DUET	O OR AS A CO	NSEQUENCE OF	,	· ·				
		underlying cous	se lost	1	Juge	1 11	rue	CARCINO	aux 1	ERINEA	e wer	
П		PART 2 OTHER SIG	ONIFICANT (	ONDITIO	NS CONTRIBUT	ING TO DEATH BU	T NOT REL	ATED TO THE TERM	MINAL DISEASE O	OR CONDITION (	GIVEN IN PART 1	i(a)
	ON										ALC: The	
	CERTIFICATION	19a DATE OF OPER	ATION	19b C	ONDITION FOR	WHICH OPERATI	ON WAS PE	RFORMED	200 AUTOPS	3Y? 20b. IF	YES, WERE FIND	INGS USED
1	TIE								YES D	VO	YES [	NO []
	CER	21a. ACCIDENT WAS UP			ME OF INJURY	NTH DAY YEA		W INJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITEM	15, PART 1 OR PART 2)	HUMBER
1	CAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI		in .	P.M.	19						
	MEDICAL	21d. INJURY OCCUP		21e. PL	ACE OF INJUR	Y. OFFICE, FARM, ETC.)	211. LOC	ATION		ITY OR TOWN	COUNTY	STATE
	2	AT WORK AT W	WHILE ORK	(A) NO	ME, SINCET, FACTOR	r, Office, FARM, ETC.)						STATE
		220.1 certify that (	1) (this hospi	tol) attend	ed the deceose		16- 1	3 1974		SPICH 20	1974	, that (I) (we) lost
		sow the deceo	sed olive on	bulan the	body after dear	1979	and that in	(py) (our) apinion	death occurred	on the date and l	haur and fram the	e couses stated
		TIE SHOWLATEURE		THE WITH	A direct dear		DEGREE		10		22c. DAT	ESIGNED
2	-	->	<	1	au	_	140	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	3.	22-79
1		22d. PHYSICIAN'S	AME (TYPE O	<del>a pau</del> lt)			22e ADI					
1		JOSELI	TO MAC	TDAY.	M.D.		117	03 Roby	Ave. Be	ltsville	e, Md. 2	0705
	230 B	BURIAR, CREMATION				23c NAME OF		OR CREMATORY	123d. LOCATI	ION		
N	J.	SPECIFY)		3-2	7-79	HARMON	4 ME	M. CEH.	HIGHLA	11.00	PG.	Mo. STATE
	24. FL	UNERAL DIRECTOR	4425	- Nn	north.	Bunneugi	13 BV	25¢ DA	TE REC'D. BY REC	SISTRAR 256 RES	SISTRAR'S SIGNA	TURE
	11	S. WAshin	gton +	Suns		PONE 33		MA	R 28 197	9 /	Laying	ropy
											-	-

DHMH - 16 50M 7/77 (VR A 15 (4))

$\prec$	FOR STATE REGISTRAR				CERTIF	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG	s. no. 7	'9 - n 7	546
4.3 e	1. DECEASED NAM (TYPE OR PRINT)	ESTEI	LIF	V.		ONES	20. DATE OF DEATH		10-79	26 HOUR
nay pog	3. SEX		4 RACE	V .	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS
90	Femal		Whi		Apri	11 5, 1909	69	YRS		
oth. Po	South C			WHAT COUNTR	Y? 8 MARRIEI WIDOWE	DINEVER MARRIED	9. BALTIMORE CIT			
the other de	10 CITY OR TOWN	OF DEATH	11. NAME OF	HOSPITAL, NURS	SING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUP	PATION OST OF WORKING L	12b. KIND C	MD.  OF BUSINESS OR
hours of the file of the file of	USUAL RESIDENCE 130. STATE	(IF NURSING HOME OF		, GIVE RESIDENCE BEF	ORE ADMISSION)	RAL HOSPITAL	The state of the s		Self E	
AND 124	S. C.		leston	James	Island	150	13. TIS L	ghthou	se Blvo	1
BALTIMORE, MARYLAND cote be executed within 24 spers. Pages 1 and 2 shauld vol. it, the medical examines mus	14 FATHER'S NAME FIRST Cyru	~	aude	Pye		15 MOTHER'S MAIDEN N	rgaret	J	ettie	ST.
IMORE,	16a WAS DECEASE (YES, NO OR UNKNO		MED FORCES? E WAR OR DATES)	250-05		Margaret J		odress 1) Hyatt	tsville,	Md.
es that the death certified by the attending places remove corbanding, or removen. or removen.	gove rise couse (a),	if ony, which to immediate stating the cause last	(b)_	OR AS A CONSEC	liv te	less to can	l'o-vase.	d'ora	se y	ehis.
		hic hl	ceratio	ns -	Jehr	NOT RELATED TO THE TER	The state of			
AL RECO	CERTIFICATION OF THE CATION OF	OPERATION		200	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	ES, WERE FINDIN IFYING CAUSES ES	
I OF VITA SICIAN: Tig physici certificate riol-transi	OR CONTRIBUTE	WAS UNDERLYING ON CAUSE OF DEA		OF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF	NJURY IN ITEM 18,	PART 1 OR PART 2)	
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir r attending physicion.  Wher this certificate has been sig os the burial-transit permit. Then th and Mental Hygiene prior to b orked or flem 18 shows any injuny	(IF EITHER, NOT 21d. INJURY C	NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC.)	211 LOCATION STREET	CITY OR	RTOWN	COUNTY	STATE
S as a se	saw the	that (I) (this hospi deceased olive on ) (we) (did) (did no	3-	9 19	7/	nd that in (my) (our) opinio	n death occurred on th	-/U	, 19 <u>79</u> , our and from the	that (I) (we) last causes stated
AL OR ATTER the hospitol AL DIRECTOR detached for u ate Dept. of H if Hem 21 ii.	226. SIGNAT		14/6	in	~	PEGREE  ATTENDING PHYSICIAN	MEDICAL S	STAFF YSICIAN []	224. DATE	
TO HOSPITAL retoined by the TO FUNERAL should be deter with the State with the State IMPORTANT: It	RON.	ALA S.		SCHB R	14.0	22e ADDRESS	ss Rol. A	YATI	SVICUS	in/a/
BP	230. BURIAL, CREM (SPECIFY)  Buria		23b. DATE 3/13/	79	Magnol	emetery or e <del>remator</del> ia Gardens	Charle	eston (	Charles	ton, STS.

BP\_ DHMH-16 50M 7/77 (VR A 15 (4)) 236. BURIAL CREMATION, REMOVAL (SPECIFY)

Burial (SPECIFY)

A FUNERAL DIRECTOR Francis Gasch's Sons, PA fflyatts ville, Md.

ns Charleston Charleston, S. C.

79-07516				
		٠.		
			i	e alc
2000.00	Z		i a	Count (a.c)
Autrem Aids Sel Lan.	Technical Technic			
llss of moses at a		en es Inlane	notestand	
are Jenis	ts MI	€	la	64.1
Los (a) Dans illo.	la arec.	11(		ol
			ex years	
a lenkom dakler en, .				
			e, paro 2 of one	

				- A
18 22 20 S	LIVAGEOU -		STON.	
	e e e		in .	
STREET STREET				North Breek.
	SAT POSPETALE	iama tasura i	PRINC	Yamayahi)i
Janes Entring of 150		Illia 100	240.00	Contractor of
		4 (enclose)		in little
Mary and the street and and and		mai-Theiles		
	SEPTICHULA	GRAM NECATIVE		

. All and two Cases of a section of the other

Miller of server of the first server average and average a

REGISTRAR  MEDICAL EX AMINERS CERTIFICATE OF DEATH  MALE CONTROL NO. 10 ST. 10	TR	3		FOR STATE				MENT OF H	EALTH A	RYLAND AND MENTA		NE	70 0	755	0	
FRANK  JOSEPH  KESKA  JOSEPH  KESKA  JOSEPH  J		, ,				M		EXAMINI	ER'S CE	RTIFICATI	E OF DE	ATH	REN NO.	1177	U	
Section of the property of t		-			FIRST			147					NOWN X	MONTH DAY	YEAR	2b. HOUR
Sex   SACE   Mitter   DATE OF BRTH   ACCEPTED   AND PRODUCTION   DATE		III of Bank	(1111	. On Thirty	FRANK		JOSE	PH	KES	KA			MATED [	3 30	19 79	M
The color of the	- 1		3 SEX	4. R	ACE !	DATE OF BIRT		6. AGE (IN YEAR						ONTH DAY	YEAR	2d. HOUR
To BRITHLAGE   STATE of COUNTY   TO BE COUNTY   T		F#3F	ma	ale v	hite					DAYS HOUR	MIN		ED	3 30	1979	
ID. CITY OR TOWN GO BLATH   IT. NAME OF HOSPITAL, BUILSEND HOME, OR CITYER INSTITUTION   TOWN GO BLATH   IT. NAME OF HOSPITAL, BUILSEND HOME, OR CITYER INSTITUTION   TOWN GO BLATH   IT. NAME OF HOSPITAL, BUILSEND HOME, OR CITYER INSTITUTION   TOWN GO BLATH   IT. NAME OF HOSPITAL, BUILSEND HOME, OR CITYER INSTITUTION   TOWN GO BLATH   IT. NAME OF HOSPITAL, BUILSEND HOME, OR CITY OR TOWN   IT. NAME OF HOSPITAL, BUILSEND HOME, OR CITYER INSTITUTION   IT. NAME OF HOSPITAL, BUILSEND HOME, OR CITYER INSTITUTION   IT. NEW CITY IN IT. NAME   IT. NAME OF HOSPITAL, BUILSEND HOME, OR CITY OR TOWN   IT. NEW CITY IN IT. NAME OF HOSPITAL, BUILSEND HOME, IT. NAME   IT. NAME OF HOSPITAL, BUILSEND HOME, IT. NAME OF HOSPITAL, BUILSEND HOME		SSA RAL R Y HIN ESTC			OR-	L CITIZEN OF	WHAT COUN	ITRY?	8. MARRIED	NEVER M	ARRIED	9. BALTIMO	RE CITY OR	COUNTY OF	DEATH	
The Cheverly Prince George's General Hosp.  The Cheverly Prince George's General Hosp.  The Gen		AND 12 4 75			nia	IISA						Prince	e Georg	ge's Co		MD.
I. FATHER'S NAME   MODIE   MAIN   M		SE S	10. C1	TY OR TOWN OF I	DEATH	II. NAME OF H	OSPITAL, NUI		OR OTHER	INSTITUTION	12a. US	UAL OCCUPA	ATION (TYPE OF	WORK 12b. K	IND OF BUS	SINESS
I. FATHER'S NAME   MODIE   MAIN   M		PAGE 14	(	Cheverly	23.70	Prince	Georg	e's Ger	neral	Hosp.						
I. FATHER'S NAME   MODIE   MAIN   M		A AIN AIN SUDSED								4 INCIDE CITY LIMIT	TC2 112. STE	DEET ADDRES	c			
I. FATHER'S NAME   MODIE   MAIN   M	120	AND								prompt of the same				d Dri	170	
No.   ADDRESS   Same		H. IF		THER'S NAME					11	MOTHER'S M		F				
No.   ADDRESS   Same	¥.	OSI SESTION				MIDDLE					rv	MIL		Cuzik	(ASI	
PRATIDEATH WAS CAUSE (o)  IMMEDIATE CAUSE (o)  PRATIDEATH WAS CAUSE (o)  IMMEDIATE CAUSE (o)	ORE	00300	16a. W	AS DECEASED EV	ER IN U.S. ARMI	ED FORCES?			NO. 17			fal	ADDRESS	JUZIA		
PRATIDEATH WAS CAUSE (o)  IMMEDIATE CAUSE (o)  PRATIDEATH WAS CAUSE (o)  IMMEDIATE CAUSE (o)	NE S	AFTI NE P H FG GES SION	[11]				161	26 2	509 :	Tune M			5	Same	as #.	13
PART I DEATH WAS CAUSED BY SOLUTION OF STATE INDUSTRIAL COURSE (a) Arteriosclerotic cardiovascular disease  PART I DEATH WAS CAUSED BY SOLUTION OF STATE INDUSTRIAL COURSE (b) Arteriosclerotic cardiovascular disease  PART I DEATH WAS CAUSED BY SOLUTION OF STATE INDUSTRIAL CAUSE (c) Arteriosclerotic cardiovascular disease  PART I DEATH WAS CAUSED BY SOLUTION OF STATE INDUSTRIAL CAUSE (c) Arteriosclerotic cardiovascular disease  PART I DEATH WAS CAUSED BY SOLUTION OF STATE INDUSTRIAL CAUSE (c) Arteriosclerotic cardiovascular disease  PART I DEATH WAS CAUSED BY SOLUTION OF STATE INDUSTRIAL CAUSE (c) Arteriosclerotic cardiovascular disease  PART I DEATH WAS CAUSED BY SOLUTION OF STATE INDUSTRIAL CAUSE (c) Arteriosclerotic cardiovascular disease  PART I DEATH WAS CAUSED BY SOLUTION OF STATE INDUSTRIAL CAUSE (c) Arteriosclerotic cardiovascular disease  PART I DEATH WAS CAUSED BY SOLUTION OF STATE INDUSTRIAL CAUSE (c) Arteriosclerotic cardiovascular disease  PART I DEATH WAS CAUSED BY SOLUTION OF STATE INDUSTRIAL CAUSE (c) Arteriosclerotic cardiovascular disease  PART I DEATH WAS CAUSED BY SOLUTION OF STATE INDUSTRIAL CAUSE (c) Arteriosclerotic cardiovascular disease  PART I DEATH WAS CAUSED BY SOLUTION OF STATE INDUSTRIAL CAUSE (c) Arteriosclerotic cardiovascular disease  PART I DEATH WAS CAUSED BY SOLUTION OF STATE INDUSTRIAL CAUSE (c) Arteriosclerotic cardiovascular disease  PART I DEATH WAS CAUSED BY SOLUTION OF STATE INDUSTRIAL CAUSE (c) Arteriosclerotic cardiovascular disease  PART I DEATH WAS CAUSED BY SOLUTION OF STATE INDUSTRIAL CAUSE (c) Arteriosclerotic cardiovascular disease  PART I DEATH WAS CAUSED BY SOLUTION OF STATE INDUSTRIAL CAUSE (c) Arteriosclerotic cardiovascular disease Industrial I Branch I Branc		WIT WIT		18. CAUSE OF DI											APPROXIMATE	INTERVAL
Conditions, If only, which gove rise to immediate couse (o) storing the underlying couse lost.    PART 7 DIREC SIGNIFICANT (ORDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED?    PART 7 DIREC SIGNIFICANT (ORDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED?    PART 7 DIREC SIGNIFICANT (ORDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED?    PART 7 DIREC SIGNIFICANT (ORDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED?    VESTION OF CONTRIBUTION OF COUNTY OF COUNTRIBUTION OF COUNTR	ST.		150	PART I DEATH			Arteri	osclero	otic o	ardiova	scular	disea	ase	BE	WEEN ONSET	ANDUEATH
Conditions, ff. any, which goe rise to immediate couse (a) totaling the under-lying couse lost.  (c)  PART 2 DINER SIGNIFICANT (DMDITIDNS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).  PART 2 DINER SIGNIFICANT (DMDITIDNS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).  PART 2 DINER SIGNIFICANT (DMDITIDNS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).  PART 2 DINER SIGNIFICANT (DMDITIDNS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).  PART 2 DINER SIGNIFICANT (DMDITIDNS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).  PART 2 DINER SIGNIFICANT (DMDITIDNS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).  PART 2 DINER SIGNIFICANT (DMDITIDNS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).  PART 2 DINER SIGNIFICANT (DMDITIDNS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).  PART 2 DINER SIGNIFICANT (DMDITIDNS CONTRIBUTING TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).  PART 2 DINER SIGNIFICANT (DMDITIDNS CONTRIBUTING TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).  PART 2 DINER SIGNIFICANT (DMDITIDNS CONTRIBUTING TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).  PART 2 DINER SIGNIFICANT (DMDITIDNS CONTRIBUTING TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).  PART 2 DINER SIGNIFICANT (DMDITIDNS CONTRIBUTING TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).  PART 2 DINER SIGNIFICANT (DMDITIDNS CONTRIBUTING TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).  PART 2 DINER SIGNIFICANT (DMDITIONS CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE DR CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE DR CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE DR CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE	o N		500	439	MMEDIATE	C1002 (0)										
COUSE (s) Storing the under- lying couse lost   (c)  PART 2 DINER SIGNIFICANT (DNOTITION S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DE CONDITION GIVEN IN PART 1 (a).  196. DATE OF OPERATION  197. DATE	RES	ER NSII				(4)								100		
TITLE (SPECIFY)  ACTUAL  SIGNATURE  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  126. AUTOPSY?  YES NO    126. AUTOPSY?  YES NO    127. HOW INJURY OCCURRED (ENTERNATURE OF INJURY INTEM 18 PART 1 OR PART 2)  128. AUTOPSY?  YES NO    128. AUTOPSY?  YES NO    129. PLACE OF INJURY  HOUR A.M. MONTH DAY YEAR  UNDERLYING OR PART 1 OR PART 2)  129. PLACE OF INJURY (AT HOME, SIREET)  129. AUTOMORY (AT HOME)  129. AUTOMORY (AT HOME)  129. AUTOMO	× . v	ALTA ALTA A		couse (o) sto	ting the under-	< 1-7	OR AS A CON	ISEQUENCE O	F							TE E
TITLE (SPECIFY)  ACTUAL  SIGNATURE  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  126. AUTOPSY?  YES NO    126. AUTOPSY?  YES NO    127. HOW INJURY OCCURRED (ENTERNATURE OF INJURY INTEM 18 PART 1 OR PART 2)  128. AUTOPSY?  YES NO    128. AUTOPSY?  YES NO    129. PLACE OF INJURY  HOUR A.M. MONTH DAY YEAR  UNDERLYING OR PART 1 OR PART 2)  129. PLACE OF INJURY (AT HOME, SIREET)  129. AUTOMORY (AT HOME)  129. AUTOMORY (AT HOME)  129. AUTOMO	0	EXA EXA RIAL OR	13	lying couse lo	ost.	(c)										
NOT THE CONTRIBUTION OF STATE ACCION, FARM, EIC.)  196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  196. DATE OF OPERATION 196. CONDITION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  196. DATE OF OPERATION 196. CONDITION 196. COND	5,3			PART 2 DINER SIGNIFI	CANT CONDITIONS CO	, , , , , , , , , , , , , , , , , , , ,	TH BUT NOT RELA	TED TO THE TERMI	NAL DISEASE D	R CONDITION GIVEN	IN PART 1 (g).		7-2-			
VESTONO    Part    ORI	BE EDIN	No	7.54	0		Land Street										
VESTONO    Part    REG	PEN VED	¥	190. DATE OF OP	ERATION	19b. CON	DITION FOR	WHICH OPERA	ATION WAS	PERFORMED?				2 D	AUTOPSY?		
AT WORK AT WORK  270. I certify that I took charge of the remains described above, held on Autopsy A, Inspection D, Inquiry D, and in my opinion death resulted from: Natural causes A, Accident D, Suicide D, Homicide D, Undetermined monner D, TITLE (SPECIFY)  ACTUAL SIGNATURE  EXAMINER'S NAME Ann M. Dixon, M.D.  ADDRESS 111 Penn St.  236. BURIAL, CREMATION, REMOVAL 236. DATE TYPE OR PRINT)  236. BURIAL, CREMATION, REMOVAL 236. DATE TYPE OR PRINT)  240 BP  240 BP  250 BP  260 BP  270 Cedar Hill Cemetery Or CREMATORY  BURIAL, CREMATION  COUNTY STATE  Md  A FINERAL DIRECTOR	ITAL		F	E. Consti											YES -	NO 🗆
AT WORK AT WORK  270. I certify that I took charge of the remains described above, held on Autopsy A, Inspection D, Inquiry D, and in my opinion death resulted from: Natural causes A, Accident D, Suicide D, Homicide D, Undetermined monner D, TITLE (SPECIFY)  ACTUAL SIGNATURE  EXAMINER'S NAME Ann M. Dixon, M.D.  ADDRESS 111 Penn St.  236. BURIAL, CREMATION, REMOVAL 236. DATE TYPE OR PRINT)  236. BURIAL, CREMATION, REMOVAL 236. DATE TYPE OR PRINT)  240 BP  240 BP  250 BP  260 BP  270 Cedar Hill Cemetery Or CREMATORY  BURIAL, CREMATION  COUNTY STATE  Md  A FINERAL DIRECTOR	> 1	WOW HE BE	1		_			DAY VEAR	21c. HOV	V INJURY OCCU	URRED LENTER	NATURE OF INJU	RY IN ITEM 18 PART	T 1 OR PART 2)		
AT WORK AT WORK  270. I certify that I took charge of the remains described above, held on Autopsy A, Inspection D, Inquiry D, and in my opinion death resulted from: Natural causes A, Accident D, Suicide D, Homicide D, Undetermined monner D, TITLE (SPECIFY)  ACTUAL SIGNATURE  EXAMINER'S NAME Ann M. Dixon, M.D.  EXAMINER'S NAME (Ann M. Dixon, M.D.  ADDRESS 111 Penn St.  210. Lecrtify that I took charge of the remains described above, held on Autopsy A, Inspection D, Inquiry D, and in my opinion  death resulted from: Natural causes A, Accident D, Suicide D, Homicide D, Undetermined monner D, Homicide D, Undetermined monner D, ASSISTANT MEDICAL EXAMINER SIGNED 1-1-79  EXAMINER'S NAME (Ann M. Dixon, M.D.  ADDRESS 111 Penn St.  210. Lecrtify that I took charge of the remains described above, held on Autopsy A, Inspection D, Inquiry D, and	NO	THE OUT THE TAKE	N. N.						1							
AT WORK AT WORK  270. I certify that I took charge of the remains described above, held on Autopsy A, Inspection D, Inquiry D, and in my opinion death resulted from: Natural causes A, Accident D, Suicide D, Homicide D, Undetermined monner D, TITLE (SPECIFY)  ACTUAL SIGNATURE  EXAMINER'S NAME Ann M. Dixon, M.D.  EXAMINER'S NAME (Ann M. Dixon, M.D.  ADDRESS 111 Penn St.  210. Lecrtify that I took charge of the remains described above, held on Autopsy A, Inspection D, Inquiry D, and in my opinion  death resulted from: Natural causes A, Accident D, Suicide D, Homicide D, Undetermined monner D, Homicide D, Undetermined monner D, ASSISTANT MEDICAL EXAMINER SIGNED 1-1-79  EXAMINER'S NAME (Ann M. Dixon, M.D.  ADDRESS 111 Penn St.  210. Lecrtify that I took charge of the remains described above, held on Autopsy A, Inspection D, Inquiry D, and	/ISIC	ERT ING SEPA	ED		URRED			(AT HOME,				CON OR FOUN		6011171		57.475
270. I certify that I took charge of the remains described above, held on Autopsy A, Inspection I, Inquiry I, and in my opinion death resulted from: Natural causes II, Accident I, Suicide II, Homicide III, Undetermined monner IIIILE (SPECIFY)  ACTUAL SIGNATURE  ACTUAL SIGNATURE  EXAMINER'S NAME Ann M. Dixon, M.D.  ADDRESS III Penn St.  270. I certify that I took charge of the remains described above, held on Autopsy A, Inspection III, Inquiry IIII (SPECIFY)  ACTUAL SIGNATURE  EXAMINER'S NAME Ann M. Dixon, M.D.  ADDRESS III Penn St.  270. NAME OF CEMETERY OR CREMATORY  BY SIGNATURE  270. NAME OF CEMETERY OR CREMATORY  BY SIGNATURE  AND M.D. STATE  BY SIGNATURE  AND M.D. STATE  AND M.D. STATE  BY SIGNATURE  AND M.D. STATE  AND M.D. STATE  AND M.D. STATE  AND M.D. STATE  BY SIGNATURE  AND M.D. STATE  AND M.D. STATE  BY SIGNATURE  AND M.D. STATE  AND M.D. STATE  AND M.D. STATE  BY SIGNATURE  AND M.D. STATE  AND M.D.	No.	VRITI VRITI GE GE GE TE DI PE	E	AT WORK		SIREEI, P	ACTORT, PARM, E	IC.}	31/10	121		CITORIOW	N	COUNTY		STATE
death resulted from: Natural causes V. Accident . Suicide . Homicide . Undetermined monner .  TITLE (SPECIFY)  ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)  AND M. D. ADDRESS . III Penn St.  210 ABP  230. BURIAL, CREMATION, REMOVAL 23b. DATE . 23c. NAME OF CEMETERY OR CREMATORY  BUTIAL . Medical EXAMINER . SIGNED -1-79  230. BURIAL, CREMATION, REMOVAL 23b. DATE . 23c. NAME OF CEMETERY OR CREMATORY  BUTIAL . Medical . Medical EXAMINER . DATE		111 00 - 10				-6 th	ما ما ما ما ما ما	bald	Autonou	X		la muta				
ACTUAL SIGNATURE  ACTUAL SIGNATURE  EXAMINER'S NAME Ann M. Dixon, M.D.  ADDRESS 111 Penn St.  ACTUAL SIGNATURE  EXAMINER'S NAME Ann M. Dixon, M.D.  ADDRESS 111 Penn St.  210 ABP  236.BURIAL, CREMATION, REMOVAL 23b. DATE 3April 79 Cedar Hill Cemetery STATE BURIAL SIGNATURE  ACTUAL SIGNATURE  EXAMINER'S NAME Ann M. Dixon, M.D.  ADDRESS 111 Penn St.  COUNTY STATE  BURIAL SIGNATURE  ACTUAL SIGNATURE  EXAMINER'S NAME Ann M. Dixon, M.D.  ADDRESS 111 Penn St.  COUNTY STATE  BURIAL SIGNATURE  AND STATE BURIAL		SHO SHOW				V				, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				n my opinion		
Ann M. Dixon, M.D.    Signett-1-79		AM RTIF S BE REC ITH		death resulted t	Iom: Nation	Transes	Accident		ide LJ.			termined mor	mer L.,			
Burial 3April 79 Cedar Hill Cemetery Suitland PG Md		CE C			M	1	(VIV				· in d	DICAL EVALUA	N IED	DATE 1-7	-79	
Burial 3April 79 Cedar Hill Cemetery Suitland PG Md		SHC		SIGNATURE	4				M.D	.110020	MEL MEL	JICAL EXAMI	NEK	SIGNEU		
Burial 3April 79 Cedar Hill Cemetery Suitland PG Md		WAND WAND	+	EXAMINER'S NA	ME Ann	M. Dix	on, M.	D.	ΔΓ	DRESS 11	ll Penr	a St.				
Burial 3April 79 Cedar Hill Cemetery Suitland PG Md		EXEC PAG TO TO BALT	23a.B							DIKE 33						
AL EUNEDAN DIRECTOR	2100	250									0.		nd			
HEMBALL HODOKE P. WILLDOLD		DHMH - 17	24 F	UNERALDIRECTO	9			euai			- Y			RAR'S SIGNA	TURE	
OHMH-17 (VRAIS ME (5)) 15M/7/6 Funeral Home Inc Suitland Md APR 4 1979 Listery McClassly		(VR A15 ME (5))						Suit	land	Md A	PR4	1979	rista	rey Mel	ready	

A coll feet of the clet being a

Some in consideration of the second of the second

FOR MEDICAL EXAMINER'S CERTIFICATE OF DEATH  RESISTRAR    DEFERANCE PLANE   THE PROJECT OF THE P	
REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGISTRAR  DECRASED DAME  POST  RADE OF SITE  DETAMINATED  S. SEX  RAGE V  SAME OF BIRTH  REGISTRAR  R	
SEX   RACE   S. DATE OF BIRTH   S. AGE (IN-TEASE)   FUNDER 14 MATED   3 - 2 19 7	
SEX	76. HOUR
SEX	
Table   Conditions   Conditio	24. HOUR
TO BIRTHPLACE (SIALED TO WHAT COUNTRY?  TO BIRTHPLACE (SIALED TO WHAT COUNTRY?  TO BIRTHPLACE (SIALED TO WHAT COUNTRY OF DEATH TO WHO WITH A COUNTRY OF DEATH TO WHO WHO WHO WHO WHO WHO WHO WHO WHO WH	1745
MARRIED LINE YEVER MARRIED DONORCED DON DON DONORCED DON DONORCED DON DON DON DONORCED DON DON DON DONORCED DON DON DON DON DON DON DON DON DON DO	DW
10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  126. USUAL OCCUPATION (TIPE OF WORK IND. ITEM. WIND 18 WIN	
USUAL RESIDENCE (# INNURSISH HOME OR CHEER INSTITUTION, GIVE RESOURCE BEFORE ADMISSION)    USUAL RESIDENCE (# INNURSISH HOME OR CHEER INSTITUTION, GIVE RESOURCE BEFORE ADMISSION)   USUAL RESIDENCE (# INNURSISH HOME OR CHEER INSTITUTION, GIVE RESOURCE BEFORE ADMISSION)   USUAL RESIDENCE (# INNURSISH HOME OR CHEER INSTITUTION, GIVE RESOURCE BEFORE ADMISSION)   USUAL RESIDENCE (# INNURSISH HOME)   USUAL RESIDENCE (III INNURSISH HOME)   USUAL RESIDENCE (III INNUSS)   USUAL RESIDENCE (III INITIAL INNUSS)   USUAL RESIDENCE (III INITIAL INIT	MD
USUAL RESIDENCE (IF INNURSING NOR OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)    STATE	SINESS
USUAL RESIDENCE (17 INNURSING NOME OF OTHER INSTITUTION, GIVE RESIDENCE BIOPER ADMISSION)  134. INSIDE (117 LIMITS)  136. INSIDE (117 LIMITS)  136. INSIDE (117 LIMITS)  137. INSIDE (117 LIMITS)  138. STREET ADDRESS  139. MODIE  145. MOTHER'S MAIDEN NAME  155. MOTHER'S MAIDEN NAME  156. MOTHER'S MAIDEN NAME  157. MOTHER'S MAIDEN NAME  158. MOTHER'S MAIDEN NAME  158. MOTHER'S MAIDEN NAME  159. MOTH	MO.
No   State   No	
15. MOTHER'S NAME  LAST	UR
INDUCTION AND THE LAST TO PRICE AND THE LAST	
166. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Que rise to immediate cause (a) stating the under-lying cause lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20. AUTOPSY YES   10. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  8// TOWN SOCIAL SECURITY NO.  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), by and (	)
(YES, NO, OR UNKNOWN)  (YES, NO, OR UNKNOWN)  (YES, OR, OR DEATH (Enter only one cause per line for (a), (b), and (c).)  (APPROXIMATE PART I DEATH WAS CAUSED BY:  (IMMEDIATE CAUSE (a)  (IMMEDIAT	10.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), approximate the constant was caused by:    IMMEDIATE CAUSE (a)   Count for   Wound of the Child process   IMMEDIATE CAUSE (a)   Count for   Wound of the Child process   IMMEDIATE CAUSE (a)   Count for   Wound of the Child process   IMMEDIATE CAUSE (a)   Count for   Wound of the Child process   IMMEDIATE CAUSE (a)   Count for   Wound of the Child process   Conditions, if any, which gave rise to immediate couse (a) stating the under-lying cause last.   (b)   DUE TO, OR AS A CONSEQUENCE OF     Immediate couse (a) stating the under-lying cause last.   (c)     PART 2 OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).     Immediate cause (a) stating the under-lying cause last.   (c)   (c)     Immediate CAUSE (a)   (b)   (b)   (b)   (c)     DUE TO, OR AS A CONSEQUENCE OF   (c)   (c)   (c)     PART 2 OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).     Immediate cause (a) stating the under-lying cause last.   (c)   (c)   (c)   (c)   (c)   (d)   (d	5.
PARTIDEATH WAS CAUSED BY:    IMMEDIATE CAUSE (a)   Count had   Wound   Child prical     IMMEDIATE CAUSE (a)   Count had   Wound   Child prical     Conditions, if any, which gove rise to immediate couse (a) stating the under-lying cause lost.    Conditions   Contributions   Contributions     Conditions   Contributions   Contributions     Conditions   Contributions   Contributions     Conditions   Cont	1
DUE TO, OR AS A CONSEQUENCE OF  Canditians, if any, which gave rise to immediate cause (a) stating the under-lying cause last.  (b)  DUE TO, OR AS A CONSEQUENCE OF  Uping cause last.  (c)  PART 2 OTHER SIGNIFICANI CONDITIONS CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20. AUTOPSY YES   21. EXTERNAL CAUSE WAS	INTERVAL
Conditions, if any, which gove rise to immediate couse (a) stating the underlying couse last.  Conditions, if any, which gove rise to immediate couse (a) stating the underlying couse last.  (c)  PART 2 OTHER SIGNIFICANI CONDITIONS CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20. AUTOPSY YES   21. EXTERNAL CALSE MASS.	
gove rise to immediate couse (a) stating the <u>under-lying couse last.</u> DUE TO, OR AS A CONSEQUENCE OF  Lying couse last.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20. AUTOPSY  YES   TO STATE OF THE STATE OF TH	
COUSE (a) stating the under- lying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  Lying couse lost.  C.  PART 2 01HER SIGNIFICANI CONDITIONS CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d).  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20. AUTOPSY  YES   YES	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20. AUTOPSY YES	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20. AUTOPSY YES	
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20. AUTOPSY YES   21. EXTERNAL CALLES ALSO  22. AUTOPSY	
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 3 1979 Self Inflicted	NO 🗆
CONTRIBUTING CAUSE OF DEATH 1/ P.M. 3 -1 19/9 JETT INTICTED	
21d. INJURY OCCURRED  21e PLACE OF INJURY (ATHOME. 21f. LOCATION.  STREET STREET GRYOR TOWN COUNTY.	STATE
WHILE NOT WHILE STREET ACTION, FARM, ETC.) STREET STREET AND THE AT WORK AT WORK AT WORK OK MILE STREET AND THE AT WORK OK MILE OK MIL	1200
220. I certify that I took charge of the remains described above, held an Autopsy I, Inspection II, Inquiry I, and in my applied &	1
death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .	
State of the state	
ACTUAL SIGNATURE ORIGINAL SIGNATURE ORIGINAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE	79
SIGNATURE SIGNATURE SIGNED SIGNATURE SIGNED	/
	Taka
0.50 5	7749
The party of the state of the s	ATE
P 24. FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR LA R	4.
DHAM-17 NAME ADDRESS	du
15M7/77 JEONGET Kalas. F. H. GILO CHEN HILLA OSEN FINE	7

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral all should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 might the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic

event, the medical examiner must be notified at once.

2	2
	-
-	

## FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

79-07552

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	01002
DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	, I K	ING	03- 0	7- 79 2:10A W
SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
male	white	Feb 14, 1919	60 YRS.	MONTHS DAYS HOURS MIN.
BIRTHPLACE ISTATE OR FOREIGN		Y? 8	9 BALTIMORE CITY OR COUNT	Y OF DEATH
Md		WIDOWED DIVORCED	PRINCE GEORGE'S	COUNTY MD.
CHEVER Y	(IF NOT IN SUCH FACILITY, GIVE STRE	EET ADDRESS)	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII  Truck driver	12b. KIND OF BUSINESS OR INDUSTRY Auto supplies
UAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	130. STREET ADDRESS 8420 New Ham	pshire ave
		FIRST	MIDDLE	IAST
			ADDRESS	
No		1190 Richard E	King Silver Spr	ings, Md.
18 CAUSE OF DEATH (Enter on			D	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSE	D BY:	Early on hura	un orsest	
11.99 IMMEDIA				
1000	DUE TO, OR AS A CONSEG	DUENCE OF	0	PLOS TRANSPORT
gave rise to immediate	(b)	me per la como	me carrier	
couse (o), stoting the	DUE TO, OR AS A CONSEC	DUENCE OF		
onderlying coose 1031	(c)			
	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	/EN IN PART 1(a)
190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		S, WERE FINDINGS USED
	S CONTRACTOR			FYING CAUSES OF DEATH?
718. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUI		
OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR		
			CITY OR TOWN	COUNTY STATE
			Ma. 8. 3	70
sow the decimed alive-en	March 6 19	-3 11 1 3 6	death accurred on the date and hou	or and from the causes stated
	the body alter death.			THE DATE SIGNED
Motor	Dal		DIRECTOR PHYSICIAN	3/2/73
DT HIS	RPRINT)	22e ADDRESS	Tel Black,	Hyatterste
BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
Burial	Mar 9, 1979	Cedar Hill Cemeters	Suitland Pro	
FUNERAL DIRECTOR		25g DA	TE REC'D. BY REGISTRAR 211 FEET	AUS MORTHER
	ECEASED NAME PEORPRINT)  EDWARE  EX  male  BIRTHPLACE STATE OR FOREIGN COUNTRY  MC  CHEVERY  MC  CHEVERY  CAT B Ki  CAT B Ki  WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN)  NO  18. CAUSE OF DEATH Enter on PART 1. DEATH WAS CAUSE  (YES, NO OR UNKNOWN)  Conditions, il ony, which gove rise to immediate couse (o) stoting the underlying couse lost  PART 2. OTHER SIGNIFICANT (  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  220. I certify that III like hospi and the couse of	ECEASED NAME FIRST MIDDLE  EX MR 1 e  BIRTHPLACE STATE OR FOREIGN COUNTRY US A  CITY OR TOWN OF DEATH CHEVERLY  PRINCE GEORGES  STATE  MIDDLE  FIRST  MIDDLE  CAT B King  WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO DE UNKNOWN)  NO  18. CAUSE OF DEATH Enter only one couse per line for (a), (b), PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (a)  DUE TO, OR AS A CONSECT  CONDITION, which gove rise to immediate couse (b), storing the underlying couse lost.  Conditions, if ony, which gove rise to immediate couse (c), storing the underlying couse lost.  CONTRIBUTING TO  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  190 DATE OF OPERATION  191 CONDITION FOR WHICH AT WORK  AT WORK  TO THE PROPERTY MEDICAL EXAMINER  21d. INJURY OCCURRED  AT WORK  AT WORK  PINCE  21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE AT WORK  AT WORK  BURIAL, CREMATION, REMOVAL  BURIAL  BURIAL, CREMATION, REMOVAL  BURIAL  B	ECEASED NAME  FOR PRINCIP  ENTRY  MARCE  White  S. DATE OF BIRTH  WOONTE  WOONTE  BIRTHPLACE STATE OR FOREGN  OCUULIFY  MARRIED  NEVER MARRIED  NO DIVORCED  NO DIVORCED  NO DIVORCED  PRINCE GEORGE'S  CETH DISCUSSION OF OTHER INSTITUTION  (IF NOT INSUCH ACCIUTY, GHE STREET ADDRESS)  NO STATE  MARCE  NO DIVERSION OF RESIDENCE SERORE ADMISSION  132 CITY OR TOWN  PRINCE GEORGE'S  GEN  HOSPITAL  NOSPITAL  133 CITY OR TOWN  STATE  MODIE  LASI  JOSEPHIN  SATHER'S NAME  NO DIVERSION OF RESIDENCE SERORE ADMISSION  15. MOTHER'S MADEN N.  16. SOCIAL SECURITY NO.  17. INFORMANT  Richard E  NO WAS DECEASED EVER IN U. S. ARMED FORCES?  INMEDIATE CAUSE (o)  DUE TO. OR AS A CONSEQUENCE OF  Conditions, ill only, which gave rise to immediate cause lost  OR CONTRIBUTING OR SOCIAL SECURITY NO.  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART 1. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  DUE TO. OR AS A CONSEQUENCE OF  (c)  19. CONTRIBUTING OCUSE OF DEATH  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER.  19. DATE OF OPERATION  19. CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCIDENT WAS UNDERLYING OR DEATH (C) STREET, FACTORY, OFFICE, FARM, ETC.)  211. INCATION  STREET  ATTENDING PHYSICIAN  212. PLACE OF INJURY  ATTENDING PHYSICIAN  213. NAME OF CEMETERY OR CREMATORY  PHYSICIAN  172. SIGN WHICH (INTERNATION)  173. SIGN UNH  174. DATE OF OPERATION  175. SIGN UNH  175. SIGN UNH  176. CORDITION OF CREMATORY  177. NOR OF CEMETERY OR CREMATORY  MAR 9, 1979  CORDITION OF CEMETERY OR CREMATORY  PHYSICIAN  176. NAME OF CEMETERY OR CREMATORY  MAR 9, 1979  CORDITION OF CEMETERY OR CREMATORY  178. NAME OF CEMETERY OR CREMATORY  179. DATE OF CEMETERY OR CREMATORY  179. SIGN UNH  170. OR OF CEMETERY OR CREMATORY  170. NAME O	ECASED NAME  **COP PRINCE  EDWARD  J. KING  EDWARD  J. KING  **END 14, 1919  **GO PRINCE  BIRTHPLACE  BASINON

Hyattsville, Md.

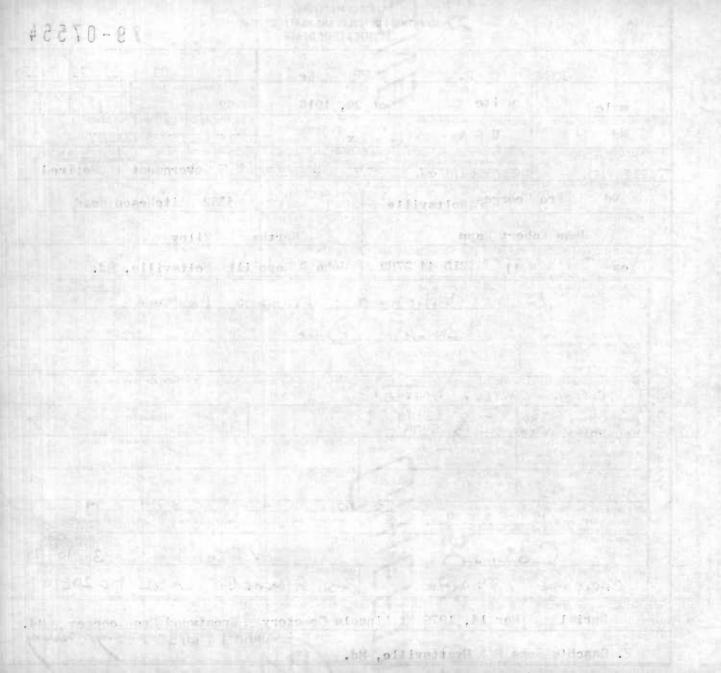
DHMH - 16 50M 7/77 (VR A 15 (4))

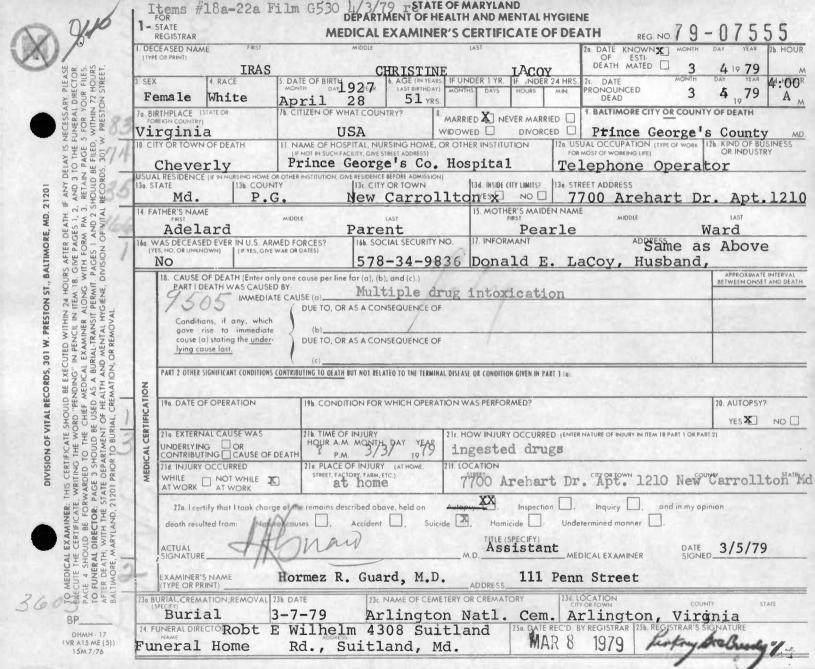
F. Gasch's Sons

101:5 27 -17 -10		The Column of th	
0.0	70 1 1 20	Setime	a fran
ALINO STRUBBLE BONDS			611
It iqua odust. They belt starris	LATISON . NO A	PRINCE GLORGE	Y DEVG ©
ave animated, as other	: In '*	S Pay Claims and a	22 NA
	ni dawata		S feed
the Silver Springs, wit.		per een	

9-07553	
	AND
	er i sere VIII San i i marayo isa da santar
	on the second se
	CENTRAL DESCRIPTION OF STREET MARKETING
	DIRECTOR SEPTEMBER OF THE SEPTEMBER OF T
7.5	
	TON ON WIND TO

	1	STATE OF MARYLAND										
	1.	FOR STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-07554								
	I DE	REGISTRAR CEASED NAME	FIRST		MIDDLE	LA		120	REG. NO.		AY YEAR	2b. HOUR
-	(TYP	OR PRINT)			D	WOD!	D 0		03		09 79	9:550
1)	3 SE	JOHN EX		R. 4 RACE		KOPP Sr		6	AGE (IN YEARS LAST BIRTHDAY		IF UNDER 1 YEAR	IF UNDER 24 HRS
1		male		white		Oct 2	29, 1916 YEAR		62	YRS	ONTHS DAYS	HOURS MIN
90	70. B	RTHPLACE STATE OR FOR OUNTRY Md	REIGN	76 CITIZEN OF WHAT COUN				9.1	BALTIMORE CITY OR CO		OF DEATH	
at on		Md		US		WIDOWED	DIVORCED	□ PI	RINCE GEORGE	is $\alpha$	YINUC	м
84		ITY OR TOWN OF DEAT		11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A GREATER LAUREL B				(T	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE]  LUS GOVERNMENT   12b. KIND OF BUS INDUSTRY Retire			F BUSINESS OF
and S	USU 13a	AL RESIDENCE (IF NURSIN	HOME OR	other institution	13c. CITY OR TOW Beltsvil	'N 1	13d INSIDE CITY LIMIT YES NO	rs?   13e	e STREET ADDRESS 4362 Aitc	heso	n Road	AY and
miner	14. E.	ATHER'S NAME	^	MIDDLE	LAST		15 MOTHER'S MAIDER	NNAME	WIDDLE	- (8)	LAST	4
e XO	_			bert Ko				rtha	Riley	300		
l edico	160	VAS DECEASED EVER IN YES, NO OR UNKNOWN)	(IF YES, GIVE	MED FORCES? WAR OR DATES) 11	166 SOCIAL SECU 215 44 3		17 INFORMANT	. mm 1	ADDRESS		1/12	
							Oom A Ke	opp 1	ll Beltsvi	iie,		MAYE INTERVAL
event, the		18 CAUSE OF DEATH PART I. DEATH WA	S CAUSE	ly one couse per DBY,	-		. 0-0-		- A.		BETWEEN	MATE INTERVAL ONSET AND DEATH
		1	MMEDIAT	E CAUSE (0)	DEPITE	ADMIA	BUT	TIMO	E MENMON	11.17		
troumotic		7854		DUE TO, O	RAS A CONSEQUE		A					
roor		Conditions, if ony,	which	(b)_	GANGE	SNE	(R) 486					
ather t		couse (o), stating underlying couse	the	DUE TO, O	R AS A CONSEQUI	ENCE OF						
0.0				(c)		DE ATTI BUT A	IOT DELATED TO THE	75 Davids La	. District on confinition	201000		
ulory	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
oud.	CERTIFICATION	190 DATE OF OPERALI	976 (=	Z 196 COND	TION FOR WHICH OPERATION WAS PERFORMED				200 AUTOP Y? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHS			IGS USED
Shows	TIFE	Exhorancy			3.5.79			B. I	YES NO	YES		NO P
18 Sh	GE	210. ACCIDENT WAS UNDE	RLYING	216 TIME C	FINJURY M. MONTH D.	AY YEAR	21c. HOW INJURY OC	CCURRED	(ENTER NATURE OF INJURY IN I	TEM 18, PA	RT 1 OR PART 2)	LUL AU
E OC	A	OR CONTRIBUTING CA		1111	M. MONTH D.	19						
ō	MEDICAL	21d. INJURY OCCURRE		21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC.)	211 LOCATION STREET	1110	CITY OR TOWN	16.0	COUNTY	STATE
1	2	AT WORK AT WOR	K	INT HOME, ST	ALL I, FACTORT, OFFICE, P	AKM, ETC.)			CITE ON TOTAL			SIMIL
is morked		22a.   certify that (I) (	this hospit	tal) ottended th	e deceased from_	2.		79	,, to3 +	9,1		that (H) (we) los
7		sow the deceased alive on 3.9.19.79, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (I) (we) addd (did not) view the body after death.										
- 1		Costs, the two states and the men me body offer deoth.										SIGNED
E E			(.	alle		MD	ATTENDIN	NG NO	MEDICAL STAFF DIRECTOR PHYSICIAN		3.	10.79
K ,	1	22d. PHYSICIAN'S NA	ME (TYPE OF	R PRINT)		777	22e. ADDRESS					
MPORTANT.		CHRIST	126	DE	una				BO, CALCE	2	no 20	810
5	23a.	BURIAL, CREMATION, R		23b. DATE			METERY OR CREMATO		23d. LOCATION CITY OR TOWN		COUNTY	STATE
	L	Buria	1	Mar 14	1, 1979 F	t Line	oln Cemete		Brentwood I	ro	Georges	Md.
77	24 F	UNERAL DIRECTOR			ADDRESS			DAMA	KD BY TECHT SAP 529	RECTU	hermitand	cready
		F. Gasch	's Sc	ons P A	Hyattsvi	lle, M	d.				1	/
										_		-





19-07555 and the second . o'n roo es

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.	9-01	556
		CEASED NAME OR PRINT)	FIRST		MIDDLE	ı	AST	20. DATE OF DEATH		OAY YEAR	2b. HOUR
	(TITE	OK PRIMI)	MAUDE		М.	LAME	BERT		03-1	17-79	6:20 AM
	3 SEX	K		4 RACE	- 10 - 11	5. DATE C		6. AGE (IN YEARS LAST BIR	THOAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		femal		whit	-	Nov	12, 1902	76 yea	ITS YRS		HOURS MIKE
		RTHPLACE (STATE PUNTRY) Virginia		U S		TRY? 8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	PRINCE GEO	_		MD.
1	CI	TY OR TOWN OF HEVERLY		PRINCE	GEORGI	STREET ADORESS) E'S GENE	RAL HOSPITAL	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST)		IFE) INDUSTRY	F BUSINESS OR
5	NUSUA 13a. S	AL RESIDENCE (IF	NURSING HOME OF	Georges	Chevel		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	Vewton	st	
Ô	14 FA	THER'S NAME	ewart F	MIDOLE Urr	LAST		15 MOTHER'S MAIDEN NA FIRST Mary	y Sue Riter		LAS	т
V		VAS DECEASED E YES, NO OR UNKNOWN NO		MED FORCES? E WAR OR OATES)	166 SOCIAL 577	26 3778	Frances Ly	ADDR Vtle Hyat		le, Md.	MATE INTERVAL
	NO		immediate toting the ause last	(b)	PAS A CONS Lesso	EOUENCE OF	Jednose Not relate to the tera	me Al	luh-	VEN IN PART 1(d	5)
1	CERTIFICATION	190 DATE OF OP	ERATION	196. COND	TION FOR W	HICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	IN CERTI	S, WERE FINDIN	
9	MEDICAL CER	21a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF OE	HOUR A.	M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	IRY IN ITEM 18,	PART I OR PART 2)	
	MED	21d INJURY OCC	OT WHILE TO	21e. PLACE ( (AT HOME, STR		FFICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
		above, (1) (w	reosed olive us		7.	19 701 . on	ed that in (my) (aur) opinion	deoth accurred on the d	Jate and has		that (I) (we) last causes stated
		226. SIGNATURE	01	Doll	W		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	12.19
		1177	INES.	SAH	AKIA			VER RD., CH	EVERLY	Y, MD. 2	20785
	23a B	Burial, CREMATION Buria	ON, REMOVAL	23b. DATE Mar 20.			emetery or crematory coln Cemetery		od Pr	o George	STATE
		JNERAL DIRECTO			AOORES	ss	250. P.A.	TE REC'D. BY REGISTRAR	25b, REGIS	TRAR'S DIGNAT	URE
		F. Gascl	h's Son	SPA	Hvatts	sville.	Md.	6/EI T 12/2		John Will	soly

DHMH-16 50M 7/77 (VR A 15 (4))

MPORTANT: If them 21 is morked or them 18 shows ony

should be detached for use with the State Dept of Heal TO FUNERAL DIRECTOR.

FOR

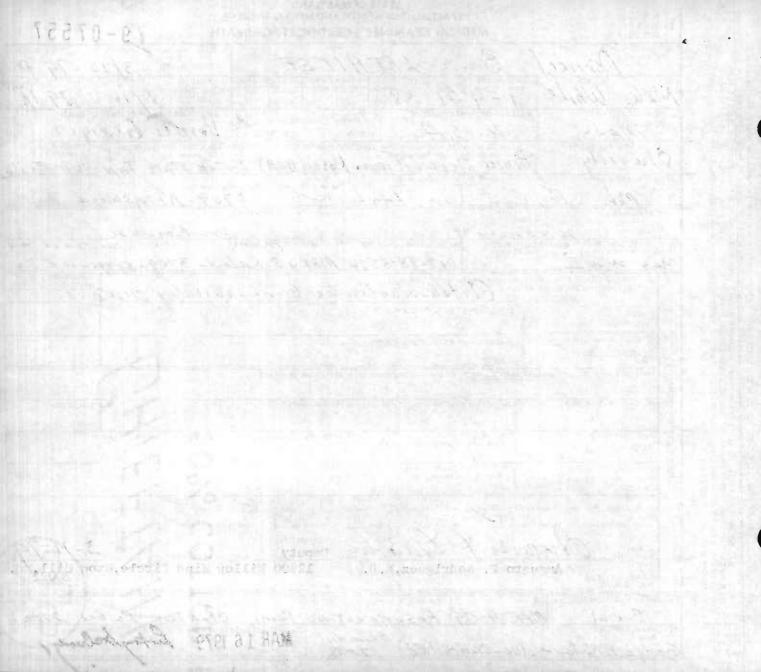
AOORESS F. Gasch's Sons P Hvattsville, Md

10, 1902 Pt - 19		Jayley	01.001
			of uninteres?
and the other section are security as		2 10 18	Yaser
A STATE OF THE STA	el rovo	d deciment to	
quantity and was		991	11.001
Million . mily man alter woman	NATE OF THE		
SOUT LANDOVER ROLL OF EVORLY FOL 2 USE			
neith icretery control from	13 15 10-	L. PS. appl	to to the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED IF UNDER 1 YR. 5 DATE OF BIRTH IF UNDER 24 HRS. 20. DATE PRONOUNCED 5 % YRS DEAD TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BANJIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS LITY, GIVE STREET ADDRESS OR INDUSTRY Com USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13o. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LUMITS? 13e. STREET ADDRESS SUILLAND YES A NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST MIDDLE LAST ZUNKMOWZ work-now 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) (YES, NO. OR UNKNOWN) yes wh 18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Scherater Candid Vasculer IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). IFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL, FORWARDED TO THE CH.

R. PAGE 3 SHOULD BE U.

R. STATE DEPARTMENT OF YES -NO [ CERT 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK THE 22a. I certify that I took charge of the remains described above, held an Autapsy and in my apinion Inspection ARYLAND, death resulted from: Natural causes Accident Suicide Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA Deputy SIGNATURE 12800 Willow Wind Circle, Oxon EXAMINER'S NAME (TYPE OR PRINT) **ADDRESS** 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIA r. Gea SURRECTION MAR 1 6 1979 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) 15M 7/77



BP. DHMH - 16 50M 7/77 (VR A 15 (4))

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examiner must be not

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

07558

	1 -	STATE REGISTRAR				CERTIF	ICATE OF	DEATH	R	EG. NO.	1-013	30
		CEASED NAME OR PRINT	FIRST	ELINE	(Whita	ker	AKE		20. DATE OF DEA	HINOM HTA	DAY YEAR -20-79	6:55 PM
3	3 SEX	(		4 RACE		5 DATE C		YEAR	6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		emale		White		11	16	20	**	58 YRS	s.	Mile
2	CC	RTHPLACE (STATE OR FO	DREIGN		WHAT COUNTRY?	MARRIE	D NEVER	MARRIED .	9. BALTIMORE C			
13		irginia	W.	US		WIDOWE	D D	NORCED [	PRINCE			MD.
74		TY OR TOWN OF DEA	\TH		HOSPITAL, NURSING HEACILITY, GIVE STREET A GEORGE S				12a USUAL OCC (TYPE OF WORK FOR Houses	MOST OF WORKING		OF BUSINESS OR
35	13a S	AL RESIDENCE (IF NURS TATE Md.	136 COU	NTY	GIVE RESIDENCE BEFORE  13c CITY OR TOWN  Suitle	N _	136 INSIDE (	CITY LIMITS?	13. STREET ADD 4666 HG		venue	
	14. FA	THER'S NAME		WIDDLE	LAST		15 MOTHER	S MAIDEN NAM		DDIE	1.45	
60		Edward		MIDDLE	Leake		950	Dais		note	?Fra	zier
1		AS DECEASED EVER		RMED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORM	aughte	r	Waldor	f, Md.	
		No	(# 123, 014	E WAR OR DATES;	578-24-	-5111	Barb	ara Sa	uber,	775 Un	iversit	y Dr.
		18 CAUSE OF DEATH PART I. DEATH W	H (Enter D	nly one couse per	line for (a), (b), and	dicti		110	•		BETWEEN	IMATE INTERVAL ONSET AND DEATH
	16	PART I. DEATH W		ED BY: TE CAUSE (0)	(ardion	Spu	aton	Karley	ري			
		7/11			R AS A CONSEQUE	NCEOF			0.			
		Conditions, if ony,	which	(b)_	Sycton	2 (. "	Schou	oderma	a and	Sep828		
		gove rise to imn		DUE TO O	R AS A CONSEQUE	NCE OF						
		underlying couse	lost.	(6)	. 70 7 401102002					V		
		PART 2. OTHER SIGN	VIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR	CONDITION	GIVEN IN PART 1	0 1
	O O											
0	CERTIFICATION	19a DATE OF OPERAT	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY		YES, WERE FINDI	
7	TIE								YES NO		YES [	NO []
9	CER	210. ACCIDENT WAS UNE	-	216. TIME O	FINJURY M. MONTH DA	V VEAD	21c HOW IN	NJURY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM I	B, PART 1 OR PART 2]	
1	CAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC		AIR		19						
	MEDICAL	21d. INJURY OCCURE	RED	21e PLACE	OF INJURY		211 LOCATI	ON	CITY	ORTOWN	COUNTY	STATE
	2	WHILE NOT WHAT WORK	HILE D	(AI HOME, SIR	TEI, FACTORY, OFFICE, FA	ARM, ETC.)				,		31016
		220 1 certify that (1)	(this hosp	ital) attended th	deceased from	3/	13	. 19 75	3	170	19 79	tha (i) (we) last
		sow the decease		ot) view the body	7-O 19	5_(0	nd that in (my	Your) opinion d	death accurred on	the date and h	nour and from the	couses stated
	1	276. SIGNA UR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		oner dedan,		DEGREE				Th. DATE	SHENED 1
		150	00	100	ine_	n	0.	PHYSICIAN G	MEDICAL DIRECTOR T	STAFF PHYSICIAN []	3,	121/18
		226. PHYSICIAN'S NA	AME (TYPE	OR PRIM I	\		22e. ADDRE	SS .	0		001	11
		BRUCE	= 1	owns	N		1	nce (	Dags	HOSP	Hal	
	23a. B	URIAL, CREMATION,	REMOVAI	23b. DATE	23c. N	AME OF C	EMETERY OR	CREMATORY	ZIM LOCATION	24	COUNTY	BATE
		Burial	-1	3-23-			Natl.	Cem.	Suitl			
	24 FL	NERAL DIRECTOR RO	obt	E Wilhe	elm ADDRESS 43		uitla	nd 250 DATE	159 1098	TRAR 256 BEG	ISTRAR'S SIGNA	URE
		Funeral	Home	Rd.	Suitla	and.	Md.	mirs!	W ( 1915	, ,	/	/

areacers to man	91 11 1 X		ontse v	
ating in think	ALX.			
	THOUGH TAKEN			Yustvato
Co. Campath would be be		and him.	.0.3	
AND THE PARTY OF T				
THE CALLEST STATE OF THE CALLEST OF				

equires that the death certificate be

HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician

tar, page 3 after death

medical examiner must be

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene priar to burial, cremation, this certificate has been

anding physicion and completely filled in carbon papers. Pages 1 and 2 should be

n signed by the attending physicion Then please remove carbon papers. F

death. Page 4 may be

ofter

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	n		6.5	1	-	3	ч
1	7	-	u	-	J	J	V
	V		-		_		

	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH		7 9	-075	559
'n		CEASED NAME FIRST	MIDE	DLE	L	AST	20 DATE OF DE		AY YEAR	26 HOUR
	(viez	URBANA	A V.		LEA	NO		March 4.	1979	3.45P M
	3. SE:		4. RACE		5. DATE C		6. AGE (IN YEARS		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Fe	emale	Filipin	10	NOV.	14,902 YEAR	76	YRS	AONTHS DAYS	HOURS MIN
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH		8 MARRIE	NEVER MARRIED	9 BALTIMORE	CITY OR COUNTY	OF DEATH	
/	Ph	illippines	Philippi	ines	WIDOWE		Prince	e Georges	,Co.	MD
17		Lanham	(IF NOT IN SUCH FA	ACILITY, GIVE STREET A	(DDRESS)	Pr. Geo. Co.	12a USUAL OCC (TYPE OF WORK FOR HOMEM	CUPATION  R MOST OF WORKING LIFE  8 KET		OF BUSINESS OR
5	130 5	ALRESIDENCE (IF NURSING NOME OF STATE 136 COUITY Balt	NTY 13	ROSEDAL	V	13d INSIDE CITY LIMITS?	13e STREET ADE	oress ommons	Road	
2	.14 FA	ATHER'S NAME Marcelo V	illanpar	ndo	60	15. MOTHER'S MAIDEN NA.  Candida		IDDLE	LAS	51
1	16a V	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 16 E WAR OR DATES)	2289234	130T	Antonio Les	ano 622	7 Common	ns Rd.	
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR A	KOOOKE AS A CONSEQUEN AS A CONSEQUEN AS A CONSEQUEN	NCE OF	HOSIS +	KYYBET	FUSION	1,	yer.
	NOI	PART 2 OTHER SIGNIFICANT	SAMO	TRIBUTING TO D	WE P		SUM !	A	EN IN PART 10	01
2	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITIO	ON FOR WHICH (	OPERATIO	N WAS PERFORMED	200 AUTOPS	IN CERTIF	, WERE FINDIN YING CAUSES	
1	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	) P.M.	MONTH DA	Y YEAR	21c HOW INJURY OCCURI	RED (ENTER NATURE	OF INJURY IN ITEM 18, PA	ART 1 OR PART 2)	
	MED	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME, STREET	INJURY I, FACTORY, OFFICE, FA	ARM, ETC.]	211 LOCATION STREET	CIT	Y OR TOWN	COUNTY	STATE
		220.1 certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did no		19	or	nd that in (my) (our) opinion	death occurred o			that (I) (we) last causes stated
		22b. SIGNATURE	C. Var		1		MEDICAL DIRECTOR	STAFF PHYSICIAN []	22c DATE	SIGNED 5-71
		22d. PHYSICIAN'S NAME (TYPE C	PRINT)	4			TAM- 8		RN	
	- (	BURIAL, CREMATION, REMOVAL SPECIFYI BUrial	3-7-79	(Fan	dens	of Faith	Bacily er	More, Ma	arÿlar	ad STATE

1211 or Chesaco Ave.

BY

R1979

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After

	FOR STATE REGISTRAR	H. 5/21/	D	STAT PEPARTMENT OF H DICAL EXAMINI		MENTALH		REG7NB	-0	7560	
	CEASED NAME PE OR PRINT)	-Gera	Ld-	Mark	Lewis		DEATH	ESTI-	3	2 1979	2b. HOUR
Control of the Contro		white M	DATE OF BIRTH	VEAR LAST BIRTHDAY 35 YR:	MONTHS DA		MIN PRONOL DEA	MORE CITY OR			10:4 a. M
10. C	shington or town of the Cheverly	DEATH 11		PITAL, NURSING HOME,	OR OTHER INS	DIVORC	Dv1	ORKING LIFE)	F WORK 12		RY
35 Ma	ryland	113b. COUNTY	eorge	RESIDENCE BEFORE ADMISSION CITY OR TOWN Clinton	13d, IN YES		7705 S	urratts	s Ro	ad	
00 C	harles  WAS DECEASED EV		ADDLE A.	Lewis		OTHER'S MAIDE Helen FORMANT	N NAME	ADDRESS	(	Cozzei	ns
	YES, NO, OR UNKNOWN)	Vietn	am War				Lewis	Same	as	#13a-	
AL, CREMATION, OR REMOVAL.	gave rise to cause (a) state lying cause la		DUE TO, OR A  (b)  DUE TO, OR A  (c)	TERIOSCLERO  AS A CONSEQUENCE O  UT NOT RELATED TO THE TERMI	DF F						
CERTIFICATION	196. DATE OF OPI	ERATION	19b. CONDIT	ION FOR WHICH OPERA	ATION WAS PE	RFORMED?				20. AUTOPSY	? NO 🗆
	210 EXTERNAL CONTRIBUTING	OR	ATH P.M.	MONTH DAY YEAR	21c. HOW IN	JURY OCCURRE	D LENTER NATURE OF	INJURY IN ITEM 18 PAR	RT I OR PART	2)	2101
MEDICAL	WHILE AT WORK		ŽIE PLACE C STREET, FACTO	OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOCATIO STREET	)N	CITY OR I	OWN	COUN	ťΥ	STATE
2	death resulted for	rom: Naturol	hau		M.D. A	Homicide	Undefermined of	nonner ,	DATE SIGNED	3/3	/79
23a.	EXAMINER'S NA/ (TYPE OR PRINT) BURIAL, CREMATION (SPECIFY)	N, REMOVAL 23b.	DATE	- 23c. NAME OF CEM	AETERY OR CRE	MATORY	Penn Stre	et, Bal		MD 212	01. Md.
30	Buria 33 <b>0</b> 1d	Lee Fu	neral	979 Chelte Home, Inc ry Rd. Cl:	•	25a. DA	AR BREGIS		RAYS SIC	The second second	dy

Millamotor II entrope

Minutes . . . Helen are for the contract of th

A PIETE AL OR RESEARCH TO SEE THE SEE OF THE LOUIS TO SEE THE SEE OF THE SEE

Har, E 1979 Cheltenbum Var. Den. Delronbuth E.C.

tell allowers I or a line better the batter tel.

Letington, N.C. L. L. . . .

urial-transit permit. Then pleose remove com tental Mygiene prior to burial, cremation, or

TO FUNERAL DIRECTOR, After this certificate hos bee should be deteched for use as the burial-transit permit, with the State Dept of Health and Mental Mygiene prior IMPORIANT; If Hem 21 is marked at them 18 shaws any

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9	-	n	7	5	6
	0		U	4	A.	U

	FOR Table REGISTRAR	DEP		ALTH AND MENTAL HYG	REG. NO.	79-07	7561
	I. DECEASED NAME FIRST	WIDDLE	LAS		20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR
	ETHE		LEYP			22-79	3:10 AM
	3. SEX ! FEMALE	4 RACE WHITE	5. DATE OF MONTH	9.1897	6. AGE (IN YEARS LAST BIRTHDAY)  81 YE	MONTHS DAYS	HOURS MIN
1	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)  WASHINGTON D	76 CITIZEN OF WHAT COUN	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COU PRINCE GEOR	NTY OF DEATH	MD.
+	10 CITY OR TOWN OF DEATH CHEVERLY	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE PRINCE GEORGE	URSING HOME OR STREET ADDRESS)	OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUSEWIFE	12b. KIND (INDUSTRY	OF BUSINESS OR
1	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 13b COUN MARYLAND PRINC	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	3d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 4703 EDGEWO		
2	DEGITAND	AIDOLE LAS		5. MOTHER'S MAIDEN NA. FIRST MARY	ME MIDDLE ELIZABET		HARON
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	1 INFORMANT	4705°EDGEW	OOD ROAD	
	NO -		18-8275	MELVIN LEYPO	LDT COLLEGE PA	RK, MARY	LAND
	Conditions, if orly, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OPPLE A CONS  (b)  DUE TO, OPPLE A CONS  (c)  CONDITIONS CONTRIBUTING  19b. CONDITION FOR W	alyae/C G TODEATH BUT N	7	wording Europe and the Control of th	F YES, WERE FIND!	NGS USED
	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCUR	YES NO NO RED (ENTER NATURE OF INJURY IN ITEM	YES A 18, PART 1 OR PART 2)	NO [
	OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK AT WORK  22d. I certify that (I) (this hospit sow the deceased alive of about 100  21  22d. PHYSICIAN'S NAME (Type of	P.M.  71e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	19 IFFICE, FARM, ETC.}	211. LOCATION STREET  19  that in (my) (auc) opinion  GREE  ATTENDING	CITY OR TOWN  A COUNTED ON THE dote ond  MEDICAL STAFF DIRECTOR PHYSICIAN	county 19 19 1 hour ond from the	state that (I) (ine) lost a couses stated E SIGNED
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b DATE MAR. 24,1979	TOTAL PROPERTY.	METERY OR CREMATORY  S EPISCOPAL	23d. LOCATION CITY OR TOWN BELTSVILLE	PRINCE GE	OMD.

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR CHÂMBERS FUNERAL HOME - RIVERDALE, MARYLAND OPAL BELTSVILLE-PRINCE GEO -MD

14 DAK RECT. 1979 STRAR 118 TES BERNELLE GEO -MD

3:10 W	03-22-73	LEYPOLOT	
		1990,0 YAN, DESCRIPTION	SECTION .
	5,39%Ga ED 184	14,8,0	SCHEROSON, D.C.
		INCE GEORGE'S GENERAL BESPITAL	A TUBACHO
	William to section them.	ostania za la	SOUTH THE PLAN
	AVOJ BOZISKOG TVOM	MONTH HORAIT	
CHAIN		THE STATE OF THE S	07
	and the state of the state of		

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 4 -REGISTRAR DECEASED NAME 20. DATE KNOWN 7b. HOUR CTYPE OR PRINT OF ESTItowan Maan DEATH MATED 4: RACE SEX AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HQUR 24. DATE LAST BIRTHDAY PRONOUNCED DEAD 7b. CITIZEN OF WHAT COUNTRY? TO PURTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED WIDOWED DIVORCED 160200110 7-6-07600 10. CITY OR YOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK II NAME OF HOSPIFAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS NOT IN SUCH BACHITY, GIVE STREET ADDRESS FOR MOST OF WORKING LIFE) Retired Nurse JSUAL RESIDENCE (IF FILE MANIEL CONTINUE OF CONTINUE AND STATE OF STREET ADMISSION 1136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES \_ NO [ IL FATHER'S NAME 15. MOTHER'S MAIDEN NAME AND AND MIDDLE MIDDLE Cecil Lingenfelter Groff Ellen. Amanda 166 SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) 62-16-538 Mariam Lingenfelter-Wife-Same Address None 18 CAUSE OF DEATH (Enter only one cause perfine far.(a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Contin Vascular disease LOND SCLENTTE IMMEDIATE CAUSE (c DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR õ CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER.

EXECUTE THE CERTIFICATE.

PAGE 4 SHOULD HE FORE

TO FUNERAL DIRECTOR.

AFTER DEATH, WITH THE S

BATTEMOSE, MARYLAND, 2) 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinion death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) DATE 3-27-79 Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez.M.D. 12800 Willow Wind Circle, Oxon Hill, Md. 20022 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 4000 STATE Jersey Hollow Cemetery 3 - 29 - 79Ursina, Pennsylvania Burial 250. DATE REC'D. BY REGISTRAR 28 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Metropolitan Funeral Service **DHMH - 17** (VR A15 ME (5)) 5517 Vine Street Alexandria, Virginia 15M 7/77

STATE OF MARYLAND

15-8 - 5 - 6		A CONTRACTOR OF THE STATE OF TH	
		C = 3	F 1.3.45
1 12 THORE 20 NIT		A C D	TO ARESTO DE
700 10		. Ela Escola adema	
iories par anves	Cotta	The War vas 100 a security	Lone
	(100.100)		
Edit at all po	will- on Christian -	A See Clary	
THE REAL PROPERTY OF THE PERSON OF THE PERSO			

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-07565 CERTIFICATE OF DEATH Middle 1. DECEASED-NAME 20. DATE OF DEATH 2b. HOUR (Type or print) ELIAS UCENA 3. SEX S. DATE OF BIRTH IF LINDER I YEAR 6. AGE (In years lost ( inhooy) July 2, 1889 Asian Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED couply llipinas U.S.A. Prince George WIDOWED TO DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give Manor Care Hyattsville during most of working life, even if retired.)

Retired INDUSTRY Hvattsville BALTIMORE, MARYLAND 2120 U.S. Gvt. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 113c. CITY OR TOWN 13e. STREET AND NUMBER odmission) Maryland Hontgomery 11505 Idlewood Rd. Silver Sprint X NO 14. FATHER'S NAME Middle lost 15. MOTHER'S MAIDEN NAME First Middle UNKNOWN UNKNOWN 2030 Powhatan Rmad 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pp, or unknown) 217 44 6402 Lois Buff Hyattsville, Maryland 20782 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, USONS DISEASE Conditions, if ony, which gove ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? NO 🗍 YES 🗍 210. ACCIDENT WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) UNDERLYING [ CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 346 23, 1977, to 33MBR, 1979, that (we) last saw the deceased alive an 21 MAR 1979, and that in (we) (aur) apinian death occurred on the date and haur and from the causes stated abave, (we) (did nat) view the bady after death. 22c. DATE SIGNED 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (Stote) (County) REMOVAL (Specify) Rockville, Maryland 3/26/79 Parklawn Mem. Park 250. RECD, BY REGISTRAR 19725b. REGISTRAR'S RIGHATURE 24. FLINERAL DIRECTOR TYson Wheeler Funeral Home, Rockville, Md DATE (VR A15 (4))

STATE OF MARYLAND

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME TA DATE OF DEATH TYPE OR PRINTI agare Macdonald 3 SEX 4 RACE 5. DATE OF BIKE 4. ACSE CONVENIES LAST BIRTHDAY YEAR 02/ TO BIRTHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington DC CINCE GEORGES WIDOWED DIVORCED T IR CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY, CLINTON to contact Waitless Food Sewice , BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, OME RESIDENCE BEFORE AGMISSION 13a STATE 13b COUNTY 113c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS P.G. mi Morrenepede 6902 Maranne Orine 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Harry Cadv Ethel Bayne ADDRESS 78 Birch Drive 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANIT (YES. NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 579-42-961 Michael R. Macdonald (son) Mechanics No RETWEEV TO LINE AL MO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive of and that in (my) (aur) apinian death accurred on the date and hour and flam the causes stated abave, (I) (we) (did) (did m withe bady after death. 226. SIGNATURE DEGREE 221. DATE SIGNED MEDICAL ATTENDING STAFF should be det with the State IMPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSIC AND SMALL TYPE OR PRINT 77e ADDRESS arzelas 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STATE 15Mar1979 Washington National Burial Suitland Md 24 FUNERAL DIRECTOR E. Wilhelm ADDRESS DHMH - 16 60M 1/75 (VR A 15 (4)) Funeral Home Inc Suitland.

79-07567				
. 31-05 (1979 ) 3120F.	21 10 10 10 10 10 10 10 10 10 10 10 10 10		auguy	
			almy 1	erales.
YTHANO 21889080 33 1184				Hova Sont
	MT1930h JARES	n i =	DATES	1 1 2 V V
In Jeriah propinsi 1885	n potah	. 44	anthon . z	nus I wish
	edas 118 et	dnapat		roust
De degl Ecca Del Back-alana	Sidirenk R. Mac	2-30-050	12 16	
101733VVX	ONA ACTE YEARY.	3, 1		
	AIMMURS JAIH	WORLD HTTP		
			per per	
25-12				
R RD CHEVERY, NO. 24745	Bons UNDON		A. POUTOMENTO	JOSA I
National of particles 12.		179 ONE		Da Zirini

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-07568 STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH YEAR 2b. HOUR TYPE OF PRINTS Sliver V. IF UNDER 1 YEAR IF LINDER 24 HRS 1 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR HOURS Black Mela 31. 1941 Dec. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY PRINCE TRORGE Niemeria Nigeria WIDOWED DIVORCED [ CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 126 KIND OF BUSINESS OR 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Professor College USUAL RESIDENCE IN MIS ING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Pr. Gen. 12513 Chalford Lane Maryland Bowie YES TK NO T 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST FIRST MIDDLE LAST P-912 Patrick Roseleen Madu Okere ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES) Teresa Madu. Wife SAA 129-48-8332 No W. PRESTON ST., BALTIN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY INtracerebral nemovvnas 24 hours IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Hypertension Conditions, if ony, which gove rise to immediate EXAMINER cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 INSUHICIENA VAluviaz Heavy MISEADE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF NOF 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased fram sow the deceased alive on obave, (I) (we) and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 27L DATE SKINES 22b. SIGNATURE DEGREE FUNERAL DIR uld be detoch the State Des MEDICAL STAFF ATTENDING MD PHYSICIAN PI DIRECTOR PHYSICIAN 22e ADDRESS 22d, PHYSICIAN'S NAME (TYPE OR PRINT) 20R1 9 23b. DATE 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN (SPECIFY) Owerri. Imo State. Nigeria 3720/79 Removal 25a. DATE REC'D. BY REGISTRAR 25b. REC BONGRAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) 7450 GEDAGIA AUF NU WHIL

		William V Casa	10
	•	ye data	n.Lu
		vicent"	110 0 017 4091
and let acceptant		4-18-11-13	the sound
Complete Fresh		ekent Iout .	mi healyse
	no cons	D.	· * · · · · · · · · · · · · · · · · · ·
5020	·n,	5 1	o'i

- 1500 Apr.	1
/BEN	h
LINI	Ľ
	1.0

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

wy	_		0	7	-	0	0
7	9	-	U	1	5	0	2

	1 -	REGISTRAR			CERTIFICATE OF DEAT	H	REG. NO.	19-01	203
		EASED NAME FIRST		WIDDIE	LAST	20. DATE C	F DEATH MONTH	DAY YEAR	26 HOUR
	,,,,,		RRIE	MARSHAL		TABLE FROM		02-79	3:05
3	SEX		4 RACE		5. DATE OF BIRTH MONTH DAY YE	6. AGE (IN	YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS /
/ 17		THPLACE STATE OR FOREIGN	RISCHOE	WHAT COUNTRY?	10/16/23	TO BALTIM	ORE CITY OR COU		
1		UNTRY)  D C		WHAT COUNTRY:	MARRIED NEVER MARRII	ED W	NCE GEORGI		
1	0 CI	Y OR TOWN OF DEATH			G HOME OR OTHER INSTITUTION	ON 12a USUAL	OCCUPATION	126. KIND (	OF BUSINES
14	(	CHEVERLY	PRINCE	GEORGE'S	GENERAL HOSPI		RK FOR MOST OF WORKING		
2/1	3a. S		R OTHER INSTITUTION	13c. CLTY OR TOW	ADMISSION]	MITS? 13e STREET	ADDRESS		
1/	_	.C. NO		D.C.	YES NO		10 St,	ME D	.C.
La Company	4. FA	THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAID FIRST		WIDDLE	LA	ST
ž //	_	ilton S lars		16h SOCIAL SECU	RITY NO 17 INFORMANT	Rivers	ADDRESS		
Specific Spe	(Y	S, NO OR UNKNOWN) (IF YES, GI	WAR OR DATES	570 30		, , , ,		rad n	٨
=		18 CAUSE OF DEATH Enter 6	alu ana caura na			Norshall	7, Son		CIMATE INTERV
ven,		PART I. DEATH WAS CAUS		Cardi		_			min
9		5/17/2		R AS A CONSEQUE		4		C.	_
		Conditions, if any, which	(b)_		Sephasen			den	ce ac
		gove rise to immediate couse io, stating the	DUE TO, C	R AS A CONSEQUE	NCE OF 1	meial a	1 Paice	atik	
10 10		underlying couse last	(c)		in pra avac	iminal a	vers-	apec	25.
lory.	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEA	SE OR CONDITION	GIVEN IN PART 1	(a)
	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION WAS PERFORMED	20a AUT		YES, WERE FINDI	
1	TIFIC		V	utra a	rdoninal abe	YES 🗆	NO TO INCE	RTIFYING CAUSES	NO [
0	CER	210. ACCIDENT WAS UNDERLYING		OF INJURY		OCCURRED (ENTER N	IATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)	
E /	CAL	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE)	AIR	.M.	19				
0	MEDICAL	21d. INJURY OCCURRED		OF INJURY TREET, FACTORY, OFFICE, F	21f. LOCATION STREET		CITY OR TOWN	COUNTY	51
JOLK		AT WORK AT WORK			2 . 20 - 19	7.6	3. )	- 19 7 9	4
SI		22a I certify that (I) (this hasp saw the deceased alive a	3-2	197	ond that in (my) (our)				that (1) (vecauses sta
E B	įχ	abave, (1) (we) (did) (did n 22b. SIGNATURE	at) view the bady	y after death.	DEGREE			22c. DATE	SIGNED
			M 8cm	- ulve	MPRY ATTENI	DING MEDICAL	STAFF	2.	3.79
X A X		274. PHYSICIAN'S NAME (TYPE	OR PRINT)		220. ADDRESS	, ,	1100	h	
5 /		M -	SH A	rH.	P	· (2) (2)	. 408	) ,	
š	230 B	URIAL, CREMATION, REMOVA	L 236. DATE	23 c. N	AME OF CEMETERY OR CREMA	ATORY 23d. LOC	ATION OR TOWN	COUNTY	STA
	F	Unrial	3/8/	79 Wa	sh Nat.	MAD NO S	itlan D		d de
,	24. EL	INAME OF STUN	Home 7	TO ADDRESS		2 PANE REC'D. BY	JED BIKAK MEKE	PIDIRAK 5 SIGNA	TURE

rector, page 3

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examiner must be natified at ance

by the ottending physicion and ca

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical should be detached for use as the burial-fransit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

### STATE OF MARYLAND

	1.	STATE			DEPAKIN		EALTH AND MENTAL HTG	SENE	7.0	0.7	F 7	0
		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	19	- 11	51	U
		EASED NAME	FIRST	A	AIDDLE	ī	AS1	20 DATE OF DEATH		YEAR	26 HOU	R
	{ 145E	OR PRINT)	ernard	,	C	M	artin	Man	ah 26	1979	12:1	7 - M
	3. SEX		ernare	4 RACE	<b>.</b>	5. DATE C		6. AGE (IN YEARS LAST BIRT	rch 26	UNOER I YEAR	IF UNDER	
	339	male		whit	te	MONTH	25. 1911	67		NIHS DAYS	HOURS	MIN
	7a BII	RTHPLACE (STATE OR	FOREIGN	ZK CITIZEN OF	WHAT COUNTRY?	8		9. BALTIMORE CITY O	R COUNTY OF	DEATH		
19	Was	shington I	) C	US			D NEVER MARRIED	14 17 9 1 2 1				
	_	TY OR TOWN OF DE			**	WIDOWE	DROTHER INSTITUTION	Prince Ge		12b. KIND O	E BLISINE	MD.
12		TO CONTROL DE			H FACILITY, GIVE STREET		on other monitors	TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY		
2		verdale					ial Hospital	Vashington	renulna	1 Mac	ninis	st
35	13a. S	TATE Md	Pro	Georges	Bladensb		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 5302	Taussig	Roa	d	
	14 FA	THER'S NAME		110015	LAST	100	15. MOTHER'S MAIDEN NAM			LAS		
00			liam M	artin	LAST		Mae	Connors		LAS	Л	
1	16a V	AS DECEASED EVE	R IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		100	711
	{4	ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR OATES)	718 18	0117	Ruth C Mart	in Blade	nsburg,	Md.		
н		II CAUSE OF DEA	TH (Enter on	ly one cause ner	line far (a), (b), an	diesī					MATE INTER	RVAL
		PART I. DEATH	WAS CAUSE	D BY	TOTA STATIK		CAL CARCINOT	na nt LETT 1	121/3	10	OS	DATE:
		11.29	IMMEDIA	E CAUSE (o)	NE (NE) INTE			77 01	VI-U	0,7.1		
		Condition 15 or	1 . 1	1	R AS A CONSEQUE	ENCE OF						
		Canditions, if any gove rise to in	nmediote	(p)								
		couse (a), state underlying caus	ing the	DUE TO, OI	R AS A CONSEQUE	NCE OF				5 19		
				( (c)								
	z	PART 2 OTHER SIG	SNIFICANT	CONDITIONS <u>CC</u>	DNTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	31	
_	CERTIFICATION	190 DATE OF OPERA	ATION	184 CONDI	TION FOR WHICH	ODERATIO	N WAS PERFORMED	20m AUTOPSY?	20b. IF YES, W	VERE EINDIN	ICS LISET	
G	5	140 DATE OF OPERA	411014	170 CONDI	HON TOK WITHEIT	OFERATIO	TO THE OWNER		IN CERTIFYIN	G CAUSES	OF DEAT	TH?
-	E	21a ACCIDENT WAS UP	UDEBLYING T	7 21b. TIME O	Valilia 3	1000	21c HOW INJURY OCCURE	YES NO	YES [		ио [	<u>J</u>
9	R 1	OR CONTRIBUTING	-	110110	M. MONTH DA	AY YEAR	ZIE NOW INJURY OCCUR	KED (ENTER NATURE OF INJUR	Y IN EEM 18, PART	1 ORPART 2)		
	CA	(IF EITHER, NOTIFY MEDI		Р.,		19		MI-PISSING				
	WEDICAL	21d INJURY OCCUI		(AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	M	COUNTY	ST	TATE
	1	AT WORK - AT W									-	
		220 1 certify that (			deceased from 2		IST 1978	, to /BARCH_	19		that Th (v	
		obove (I) (we)		ti view the body	ofter death.	7 , 01	nd that in (🏬) (aur) apinian	death occurred an the do	ate and hour a	nd from the	causes sta	oted
		29 SIGNATURE		. (	)	0.53	DEGREE	Charles Trains		22c. DATE	SIGNED	20.00
		The	mes	4.12	me 191	11/	ATTENDING PHYSICIAN	MEDICAL STAP	IAN 🔲	3/2	6/7	9
		224 DAYSICIAN'S	AME (TYPE O	R PRINT)	11 1		The ADDRESS (052)	BELCRET-	- Ra	1	-	
1	90	( YAMES	A	RANKI	11 //1/	1	HYATT	3 VILLE, M	2 20	787		
	23a B	URIAL, CREMATION	REMOVAL	23b. DATE	230 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		1.13		
	(5	Burial		Mar 29			ivet Cemetery	Washin	rton D	C	STA	ATE

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MAR DO 1070 Single Mary McChesly

DHMH - 16 50M 7/77 (VR A 15 (4))

74. FUNERAL DIRECTOR
F. Gasch's Sons P A Hyattsville, Md.

etoined by the hospitol or

e time	0 * + + + 1
neliaili en coa pilea	O metari Service 188
neliaili en coa pilea	O metari Service 188
neliaili en coa pilea	O metari Service 188
neliaili en coa pilea	O metari Service 188
	and the
	N. HIEE IN
	N. HIEE IN
n fra	N. HIEE IN
n fra	N. HIEE IN
	337 347
HSTAGE STATE	
NEATHER AND AND AND	
	Very state and
The second	with the second

the difference of Same at Seven St.

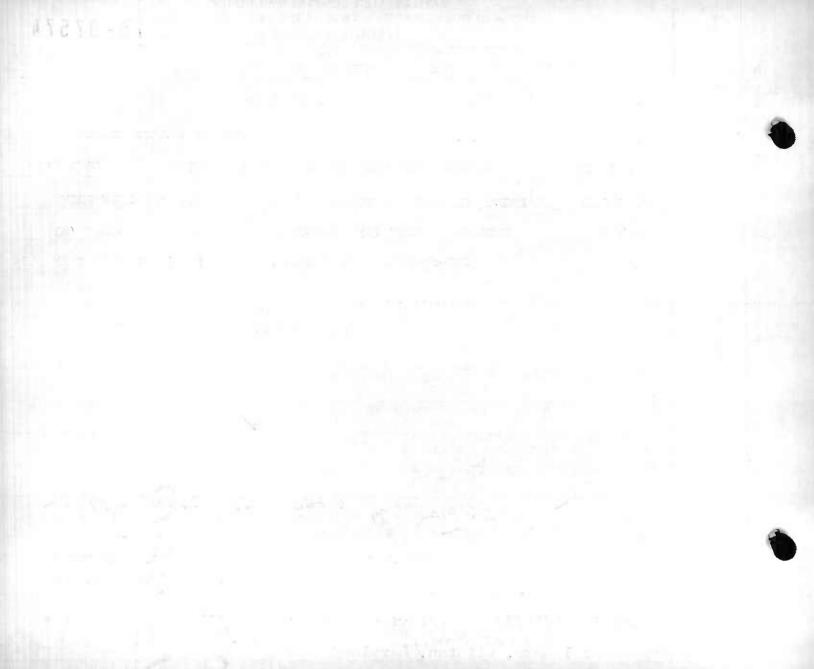
.1×1		It	em #2d Film G530 4/3/79 rc STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
y a			STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 7 9 -	07571
w	. S	1. DE	CEASED NAME FIRST H. MIDDLE LAST 20. DATE KNOWN MONTH OF ESTI-DEATH MATED DEATH MATED	DAY YEAR 2b. HOUR
, PLEAS	R FILES. HOURS STREET,	3. SEX	4. RACE S DATE OF BIRTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED 3	DAY VVA 24 HOUR
CESSAR	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		IRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. 57 TIMORE CITY OR COUNTY	e
第	O A P	10. CI	TY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  126. USUAL OCCUPATION (TYPE OF WORK IN CLIEBY)  FOR MOST OF WORKING LIFE)	2b. KIND OF BUSINESS OR INDUSTRY
OI OF DELV	PETAIN POULD ME ECORDS.	USUA 17a, S	A RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  1 ATTE 131 A QUINTY 132 AUTHOR SOWN 1128 OTTY OR SOWN 1128 OTTY OTTY OTTY OTTY OTTY OTTY OTTY OTT	Detuca
MD. 21201 ATH.   AMD	AL *	14. FA	ATHER'S NAME  AND LEST  MIDDLE  MIDLE  MIDDLE  MIDLLE  MIDLLE  MIDLLE  MIDLLE  MIDLLE  MIDLLE  MIDLLE  MIDLLE  MIDLLE	LASI
ORE,	NO NO TO A		VAS DECEASED EVER IN U.S. ARMED FORCES? ES. NO, ORBINICNOWN)   TIF YES, GIVE WAR OR DATES)  16b. SOCIAL SECURITY NO.   17. INFORMANT   4.1 QADDRESS   3.1 d	5%
BALTIN URS AF	WITH FOUND DIVISION		ES, NO, OR HINKNOWN)   IF YES, GIVE WAR OR DATES)  ANN WHITE BEACH HAVE  18. CAUSE OF DEATH (Enter only one cause por line) tors(a), (b), and (c).)	APPROXIMATE INTERVAL
St. St.	ALONG PERMII GIENE, L.		PARTIDEATH WAS CAUSED BY:  4292 IMMEDIATE CAUSE (o Lilento Scloro fre l'Grédio Vasculor d'Isa  (DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which	RETWEEN ONSET AND DEATH
DI W. PRESTON JTED WITHIN 24 N PENCIL IN ITEM	AL-TRANI AENTAL R REMO	Ç.	gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF lying cause last.	
DIVISION OF VITAL RECORDS, 301 5. CERTIFICATE SHOULD BE EXECUTE RITING THE WORD "PENDING" IN P	CHIEF MEDICAL ES E USED AS A BURIA OF HEALTH AND A IAL, CREMATION, O	NO	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
TAL REC	CHIEF M E USED A OF HEAI	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
ON OF VITA FICATE SHC THE WORD	TWENT TWENT		216. EXTERNAL CAUSE WAS  216. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  P.M. 19	
DIVISIC HIS CERTI WRITING	RWARDED TO PAGE 3 SHC STATE DEPAR 1201 PRIOR 1	MEDICAL	216. INJURY OCCURRED  WHILE AT WORK  216. PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)  216. LOCATION STREET CITY OR TOWN COUN	NTY STATE
AINER: T	0.3		22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apir death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,	nian
AL EXAM	AL DIRECTOR TH, WITH THE , MARYLAND,		ACTUAL SIGNATURE SIGNATURE M.D. SOFILLY MEDICAL EXAMINER SIGNED	3-14-79
MEDICA ECUTE TO	PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V BALTIMORE, MA		EXAMINER'S NAME PUGUS TO P. REPORTE UCZ ADDRESS TO BOW, MAN UN MACINELO	Tankkey
10	03	(5	URIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 12 CHORDON CHEROSTOWN CHEROSTOWN SULTAND.	MISTATE
	20M 1/73 5 ME (5))	PA.FI	UNERAL DIRECTOR  1250. DATE REC'D. BY REGISTRAR'S SIN  1. NAME  1.	SNATURE

11)	1	FOR	D			ARYLAND AND MENTAL H	YGIENE		
100	1-	STATE REGISTRAR				ERTIFICATE O	EDEATH	NO79-	07572
Harrie H.		CEASED NAME PE OR PRINT!	Mas	MIDDLE MA	Yo	LAST	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH	DAY YEAR 26 HOUR
RY. PLEA DIRECTO DUR FILE 777 HOU	I SE	male Black	5. DATE OF BIRTH	YEAR LAST BIRTH		DER 1 YR. IF UNDER 2	24 HRS. 2c. DATE MIN PRONOUNCED DEAD	3 - 18	79 HOUR
FOR WITHIN	FI	IRTHPLACE (STATE OR DREIGN COUNTRY)	76 CITIZEN OF WH		8. MARRI	ED NEVER MARRIE	D 9 BALTIMORE CIT	1	
7 7 0 3 -		ansas	US A	TTAL, NURSING HOA	WIDOW		D D POTHER	( leary	26. KIND OF BUSINESS
ELAY IS R TO THE F BE FILED.		/	Prince	George	Gene		talRetired		OR INDUSTRY
21201 IF ANY DEL 3. RETAIN P SHOULD BE CECORDS.		AL RESIDENCE (IF IN NURSING HOME TAKE MATERIAL TO THE MATERIAL	or other institution, GIV altoma Pai	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO D	13e SIREET ADDRESS 780 Fairvi	ew Ave	nue
MD. 3 P. 3 VD 2 S VI 3 S VI 3 S VI 3 S VI 3 S VI 3 S VI 4 S VI 4 S VI 4 S VI 5 S VI 6	14. F	ATHER'S NAME Jacob Kelly I	Boydston	LAST			e Nicholson		LAST
BALTIMORE, URS AFTER DE S. GIVE PAGE! WITH FORM PAGES 1 AN DIVISION OF	160.	WAS DECEASED EVER IN U.S. AR (ES, NO, OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? WAR OR DATES)	578 48	14 NO. 0690		orth Addîs ydston-bro		đ
LRECORDS, 301 W. PRESTON ST., I ULD BE EXECUTED WITHIN 24 HOU "PENDING" IN PENCIL IN ITEM 18 FE MEDICAL EXAMINER ALONG V SED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D CREMATION, OR REMOVAL.	z	Conditions, if any, which gove (ise to immediate couse (o) stating the under lying couse lost.	DUE TO, OR A	· 4.	OF	OR CONDITION GIVEN IN PART		difca	
TALRECORD HOULD BE E. CHIEF MEDIC CHIEF MEDIC CHEATH A AL, CREMATIC	IFICATIO	190. DATE OF OPERATION	19b. CONDIT	ON FOR WHICH OPE	CENT CE				20 AUTOPSY?
NOFVI	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216. TIME OF HOUR A.M. DEATH P.M.	INJURY MONTH DAY YEA	AR 21c. HC	OW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART	
DIVISICE THIS CERTING WARFING AGE 3 SH TATE DEPA	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE O	FINJURY (AT HOME, DRY, FARM, ETC.)		CATION	CITY OR TOWN	COUN	NTY STATE
XAMINER: EERTIFICATE, LD BE FOR WIRECTON, WINE THE S.		27a I certify that I took chard death resulted from: Notu	ge of the remains described courses		Autops	Hamicide ,	Undetermined manner  MEDICAL EXAMINER	ond in my opin , DATE SIGNED	3-19-79
TO MEDICAL E EXECUTE THE O PAGE 4 SHOW AFTER DEATH, BALLIMORE, MA	4-	EXAMINER'S NAME		DRIE ug	2	ADDRESS 3 70	12 Willow Ws.	ud Core	ly Tanlatton
5202	B	urial, CREMATION EMOS	3/23/79	7.1		emorial C	emetery Si		d, Maryland
DHMH-17 20M 1/73 (VR A15 ME (5))		uneral director Stewart Fune	an Home	4064 Beh	tant	Road, NE	EPREZEGISTANS S. R	EGITLANE	178 Berody

25m-1/70

MARYLAND STATE DEPARTMENT OF HEALTH

DATE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Month HOSE 0. IEUERS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 90 last birthday) MONTHS I DAYS HOURS remale white June 9. 1888 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED linnesota USA WIDOWED TX DIVORCED [ Prince George 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Homemaker **INDUSTRY** Bowie. PRESTON STREET, BALTIMORE, MARYLAND 2120 Keystone Lane 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland NO T Bowie 2707 Keystone Lane 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Octave Boucher Delina Greenwood 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT daughter Address (es, no, or unknown) [ (If yes give war or dates of service) 220-46-5803 C. MOHOTA Larraino same as 13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) \_\_\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove winan rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTINUEDING TO DEATH BUT NOT BETATO TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, 301 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO P YES 🗍 21o. ACCIDENT WAS UNDERLYING -21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING [ CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notity medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while ot work 22a. I certify that (I) (this haspital) attended the deceased fram. causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE (County) (Stote) BUOYAL GOEcity) Holy Hope Cemetery Mar. 16.1979 Tucson Pima Arizona 24. FUNERAL DIRECTOR Francis J. Collins 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DHMH-16 1/71 30M (VR A15 (4)) 500 University Blvd. W. Silver Spring. Md

	1238	n.mile	20,30%		
T. Co. atomor a	nis"	Y S			Statuty.
	And thire min!	Carrol on	100 1000		Sories .
707 Mays Pencellann		ginn	Mix. Pro.	The E	Partition 1
myeled)			radound .	Ceenue .	
	te C. Penera	J. 1901 200	E-al025		0)
A A					
		4			

9013 Annapolis Rd. Lanham. Md. 20801 4

FOR

- STATE

(VRA 15 (41)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

The variation of the second se and the first property and property and in the contract of the Source British Company of the Compan

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME (TYPE OR PRINT) OF ESTI-DEATH MATED PRESTON STREET 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER TYR. 2d HOUR 7 7-7 IF UNDER 24 HRS DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH OF WHAT COUNTRY? FOREIGN COUNTRY MARRIED NEVER MARRIED U.S.A. DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS Driver-Metro Pr. Geo. Hospital BE RECORDS, USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SHOULD 13a STATE 2707-QueensChapel Rd. Pr.Geo. Mt. Rainier 13d INSIDE CITY LIMITS? Md. NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Miller R. Barry Pearl 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS In WAS DECEASED EVE ARMED FORCES? YES, NO OR UNKNOWN 578-14-6919 Mrs. Ellie C.Miller- above address-18. CAUSE OF DEATH (Enter only one cause per PART I DEATH WAS CAUSED BY electio Carder Vascular dara IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES . NO [ 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY 211, LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COLINTY STATE WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted fram: Natural causes Accident Suicide Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL Deputy SIGNATURE 12800 Willow Wind Circle, 0xon Hill, Md. Augusto P. Rodriguez M EXAMINER'S NAME TO FUI AFTER BALTIM (TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Brentwood Pr. Geo. Md. Burial 3/16/79 Ft.Lincoln Cem. 24. FUNERAL DIRECTOR Nalley's Mt.Rainier, Md. 25a. DATE REC'D, BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) Inc. 15M 7/77

WOTER V. V.

cure - nevigo and . let Md. Ced. T. Dec. Mt. Million was -1075 - Tee nauthness Rd. medili) . H. molific STE-IL-6919 See. Ellie, C. miller- above edden The state of the s

And the Property of the State o

1/16/79 FE. DIE 021m Cer. .b. . delofe. At . H. A s'yeller.

. ood Pr. c.

3 - 17 - 79

The Huntt Funeral Home Waldorf, Maryland

FOR

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

NO I

STATE

COUNTY

20. DATE OF DEATH MONTH 03-14-79 4:10p 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR HOURS BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGES COUNTY 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) Self Businessman 13e STREET ADDRESS 1211 S.SRAUSS AVE. 20640

Caswell ADDRESS

as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

271. DATE SIGNED DIRECTOR PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

Clinton, P .G., Mary land Resurrection Cem.

DHMH - 16 60M 1/75 (VR A 15 (4))

Burial

8	1-	Items # FOR STATE REGISTRAR	18a-22a	Film		DEPART	79 ISTA MENT OF EXAMIN	HEALTI	H AND M	ENTAL H			DEC	N <b>7</b> . Q	0	757	Q
	1 DE	CEASED NAME OR PRINT)	E FIRST			WIDDLE			LAST		- 2		KNOWN		TH DAY	YEAR	2h HOUR
	(TTP)	E ORPRINT)	Mark		V	/illia	ım		Mitch	e11		OF DEATH	ESTI- MATED		8	19 79	M
(100)	3 SEX	Male	4.RACE White	MONT	t. 23	YEAR 54	6. AGE (IN YE LAST BIRTHD 24 Y	ARS IF UI AY) MON	HS DAYS	IF UNDER		C DATE RONOUN DEAD	VCED	3	B 8	YEAR 7	9 4:13
ST # 15.17		RTHPLACE (S			76. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY								INTY OF	TY OF DEATH			
A B B B B B A A A	Was	shingto	n, D.C.		U.S.A. WIDOWED DIVORCED Prince George												
ELAY IS. TO THE PAGE BE FILED S, 301 V	17	ry or town heverly		(IF N	NOT IN SUCH FA	ACILITY, GIVE S	RSING HOM TREET ADDRESS)				FOR M	AL OCCU OST OF WOR Dores	RKING LIFE)	TYPE OF WO	0	IND OF BI OR INDUST SSIdy	TRY
ANY DELY AND 3 TO RETAIN P HOULD BE RECORDS,	USUA	L RESIDENCE	(IF IN NURSING HOME	OR OTHER I		IVE RESIDENCE	BEFORE ADMISS				13e. STRE				1000	, no zea J	
SECOND AND	13a. S	aryland	136. COUN P.			Lan	ham		YES .	NO 🔀			gnoli	a Av	е.		
H. IF 12, 2, 2, 17, 17, 17, 17, 17, 17, 17, 17, 17, 17	14. FA	THER'S NAME		MIDDLE			LAST		15. MOTH	ER'S MAIDE	N NAME	N	AIDDLE			LAST	
R DEATH.		Eugene				hell			semary	7		-		Your			
		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)															
B. GIVE P WITH FO PAGES DIVISION		No	N/			217-	70-655	3	Ros	emary	Mitc	hell	Sam	e as	L3e		
		18 CAUSE C	F DEATH (Enter or	nly one co				116	1	1	•		117	ODE	BET	APPROXIMAT	TE INTERVAL ET AND DEATH
24 HO ITEM 1 LONG PERMI SIENE.	3/	PARTIDI	IMMEDIA	TE CAUS	101		le dru		toxic	ation	11/19						
IN III Z	841	304	ns, if any, which	- 1	DUE TO, OF	R AS A CON	NSEQUENCE	OF			YE						
D WITH AMINER TRANS ENTAL	34	gave r	ise to immediate		(b)												
SA A A A		lying co	) stating the <u>under</u> use last.		DUE TO, OF	R AS A CON	NSEQUENCE	OF									
	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)															
PENDINGE E MEDINGE MEDINGE AS A HEALTH CREMATIC	ATIC	190 DATE OF	POPERATION		195 COND	ITION FOR	WHICH OPE	RATION	VAS PERFO	RMED?					20.	AUTOPSY	(?
HOULD RD "PEI CHIEF / USED OF HE/ AL, CRE	IFIC															YES 🔀	NO 🗆
STFICATE SHOORD IS THE WORD TO THE CH SHOULD BE U PARTMENT OF OR TO BURIAL	AL CERTIFICATION	UNDERLYING	AL CAUSE WAS  OR ING CAUSE OF		215. TIME O HOUR A.A	A. MONTH	DAY YEA	R 21c. F	OW INJUR	Y OCCURRE	D LENTER N	ATURE OF IN	JURY IN ITEM	18 PART 1 O	R PART 2)		T a
RITING RDED RDED SE 3 S E DEP	MEDICAL	21d. INJURY			21e PLACE		(AT HOME,	21f. LC	CATION			CITY OR TO	IWN	n.E.	COUNTY		STATE
TO MEDICAL EXAMINER: THE SECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWATO FUNERAL DIRECTOR: PACE PATIENT WITH THE STATE BEALT, WITH THE STATE BEALT WORK, MARYLAND, 2120	23a.B	220 I cert death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	ify that I took char ted from: Note	garit	Ae ta A.	Accident		D.	TITLE ( A.D. ASS  ADDRESS.	Inspection icide	Undete	11 CATION	winer  1 Per	(	TE GNED	3/8/7	79
606 BP		rial		lar.	10,	1979	Ft. Li	ncoli	1				ood,				
DHMH - 17	24. F	UNERAL DIRE	CTOR		9013	Anna	polis Md. 20	801 X	AG.	250. DATE	REC'D. BY	REGISTRA	AR 256. RI	EGISTRAR	SSIGNA	TURE	-la
(VR A15 ME (5))	R	obert (	G. Beall	F.H.	Lain	ictili e	10. 20	001		69	IMU T	4 13	13	1-1	7"		

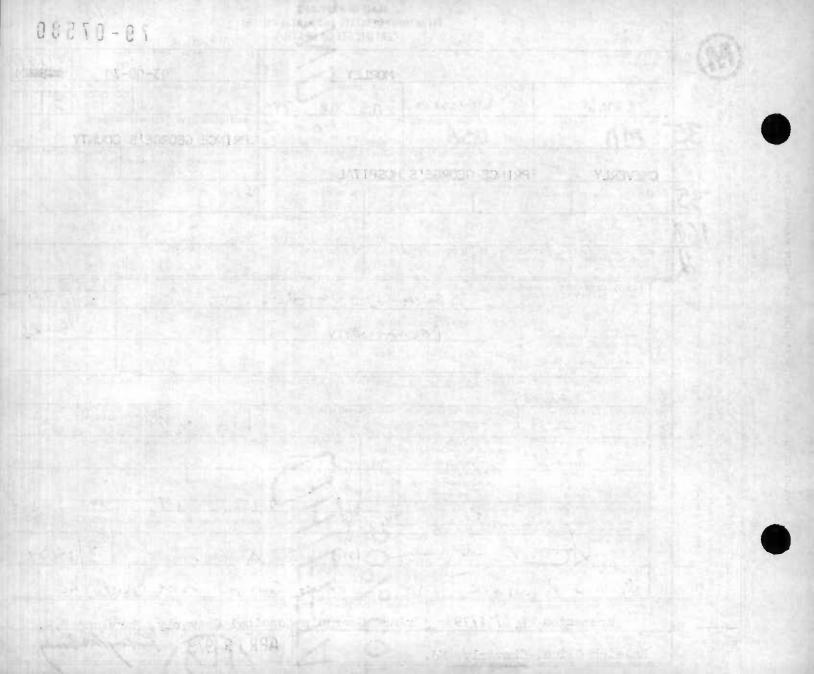
ending physician and campletely filled in by the funeral director, carbonpapers. Pages 1 and 2 shauld be filed within 72 haurs afti

## STATE OF MARYLAND

	1-	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY	REG. NO.	79-07580
		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	2a. DATE OF DEATH MONTH	5:19
	3. SE	Fe male	1 RACE Cahcasian	S. DATE OF BIRTH  MONTH DAY YEAR  79	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS MI
35	la Bi	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WILLOWED DIVORCED	9. BALTIMORE CITY OR CO	E'S COUNTY
74	C	TY OR TOWN OF DEATH	PRINCE GEORGE'S	HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	176. KIND OF BUSINESS ( INDUSTRY
35	130. S	AL RESIDENCE (# NURSING HOME C TATE 131 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 130. CITY OR TOW	ADMISSION) N 13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	
60	14 FA	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
2		VAS DECEASED EVER IN U.S. A res, no or unknown) (IF yes, gi	ARMED FORCES? 166. SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per line for (o), (b), one SED BY:	· · · · · · · · · · · · · · · · · · ·		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	NOI	Conditions, if ony, which gove rise to immediate couse job, stating the underlying couse last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE	NCE OF  DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	N GIVEN IN PART 1(0)
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO NO NO	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	DEATH HOUR A.M. MONTH DA	YEAR 19	RED (ENTER NATURE OF INJURY IN ITE	M 18, PART I OR PART 2)
	MEDICAL	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
			nital) attended the deceased from	2/1 10 )	1 10 3/1	
			- 10		death occurred on the date on	d hour and from the couses stated
		sow the deceased alive a obove. (I) (we) (glid) (did r 276. SIGNATURE	on 3/3 19_ not) view the body ofter death. 19_	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	d hour and from the couses stated
		sow the deceased alive a above, (1) (we) (glid) (did r	on 3/3 19_ not) view the body ofter death. 19_	DEGREE  ATTENDING PHYSICIAN  776 ADDRESS	MEDICALSTAFF	d hour and from the couses stated  27c. DATE SIGNED  3/1 4/>9
		sow the deceosed olive or obove. (I) (we) (glid) (did not	On 19	DEGREE  ATTENDING PHYSICIAN  776 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN [  130. LOCATION CITY OR TOWN	27c. DATE SIGNED  3/14/>9  HOSP, TAL

0000 BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has bee



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2o. DATE OF DEATH 1. DECEASED-NAME First Lost (Type or print) Moudy buriol-tronsit permit. Then please remove carbon papers. Pages 1 buriol, cremation, ar removal, and in any event, within 72 hours after 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR completely filled in by the 10-18-1894 temale O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED COUNTRY REGINIA WIDOWED A DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) Home ADELPHI 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY F. G. 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME First Lost JOSEPH 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown) Albert L Smith Mt Rainier, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND GEAT LYOCARDIAL DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) CORONARY rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse ATHER WSCLEROSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO T 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Ng. 21d. INJURY OCCURRED City or Town County While Not while at work causes stated obove, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 11161 New Hampshire 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) BEMOVAL (Specify) Mar 30, 1979 Ft Lincoln Cemetery Brentwood Pro Georges Md 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE F. Gasch's Sons P A Hyattsville, Md. 30M REV. 1/68 DATE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X 2h HOUR (TYPE OR PRINT) ESTI-JAMES THOMAS MUNSON DEATH MATED 3 3 1979 IF UNDER 1 YR. 4. RACE 6. AGE (IN YEARS SEX DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHOAY PRONOUNCED 5:03 male black 22 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A Prince George County  $D \cdot C$ . DIVORCED 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Cheverly NONE Prince George Hospital UNEMPLOYED USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) P.G. 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN LARGO YES X 1217 HARRY IRUMAN MD. NO [ 14. FATHER'S NAME VIVIAN MUNSON LUCK JAMES JAMES MUNSON SR. -SAME AS # 13 ABOVE 216-68-2110 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MULTIPLE INJURIES DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES K NO [ DEPARTMENT PRIOR TO BURI 210 EXTERNAL CAUSE WAS 116. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING A OR pedestrian struck by automobile CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED TIE PLACE OF INJURY (AT HOME. 211. LOCATION AT WORK AT WHILE Rt202, at300'South CapitolBeltway, PrinceGeo, MD STREET, FACTORY, FARM, ETC.) street Inspection Inquiry 22a. I certify that I taak charge of the remains described above, held an Autapsy and in my ppinion Accident X Hamicide Undetermined manner TITLE (SPECIFY) EXECUTE
PAGE 4 SHOULD
TO FUNERAL DI
AFTER DEATH, V
BALTIMORE, M Assistant DATE 3/4/79 SIGNATURE Hormez R. Guard, M.D. 111 Penn Street, Balto., MD 21201 EXAMINER'S NAME (TYPE OR PRINT) ADDRESS REMATION REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY HARMONY MEH. CEM. HIGHLAND PARK 24. FUNERAL DIRECTOR H. S. WASHINGTON & SONS 4925 BURROUGHS AVE. N. E. (VR A15 ME (5)) 15M 7/76

STATE OF MARYLAND

Principle of the Park Co., 20 Section 1980. de se al Camel, especial de la Camel de

DHMH - 16 50M 7/77

(VRA 15(4))

FOR

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-07583

REG. NO 03-16-79

2h HOUR 8:40 PM IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS

BALTIMORE CITY OR COUNTY OF DEATH

PRINCE GEORGE'S

17h KIND OF BUSINESS OR INDUSTRY

1977 Rochelle Avenue

Poling

9201 Crockett Place APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IN CERTIFYING CAUSES OF DEATH?

COUNTY

STATE

22c. DATE SIGNED

(SPECIFY)Burial Suitland 3-19-79 Washington Nat'l Maryland 24 FUNERAL DIRECTE E Wilhelm Funeral Home 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Suitland Maryland

W. T. Soda

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

		35 L (				15.00 (15.00) 15.00 (15.00)
	107 104					
	163 101 158				R WYLVEY	
XIII	ASSE VOL. 13					
						A STATE OF
						and the second
TOTAL TRACERS SE	CENTER OF		COL	7504-01-515		121
						11



	1 - 5	tems #18b & par	20	DEI MICH	MENT OF	HEALTH	ARYLAND AND MENTAL		7	0 075	0 5
T. T. S.	. DEC	EASED NAME OR PRINT)	orea	MIDDLE	A	EKSU	ERTIFICATE  SOM	20 DATE	REG. NO.  KNOWN ESTI- H MATED	3 - 10 197	P Zb HOUR
DON STREET	SEX	mele White	DATE OF BIR	-06	6. AGE (IN YE)	AY) MONTH		MIN PRONOI	UNCED 3	MONTH DAY 70 19 19 COUNTY OF DEAT	P P M
N PRES	Si	ach Corshine	U	SA		WIDOW		RCED PR	INCE G	EORGES .	° MD.
0	0 CH	DYON HAILY	(IF NOT IN SUC	Old		Road	ER INSTITUTION	FOR MOST OF W	ORKING LIFE)	or ind Reta	USTRY
Y	3a C	tass. Wor	rester		OR IOWN	ON)	13d. INSIDE CITY LIMITS? YES NO [	Plain	Stre	+	
4	4 FA	THER'S NAME FIRST James	MIDDLE	Turn	er		15. MOTHER'S MAI		MIDDLE	Cantre	:11
3 11	6a. W (YE:	AS DECEASED EVER IN U.S. ARA S, NO, OR UNKNOWN) (IF YES, GIVE V	NED FORCES? VAR OR DATES)		24 50		Carole	Rinick	(dau)	11510 O Friendl	
		18 CAUSE OF DEATH (Enter and	DM	line for (a), (b)	), and (c).)		cardio	vascular nal-Disea			MATE INTERVAL DINSET AND DEATH
		Conditions, if any, which	DUE TO,	OR AS A CON	SEQUENCE (	OF		y-Diagno			
1	7	gave rise to immediate cause (a) stating the <u>underlying cause last.</u>	(-,-	OR AS A CON			2011 (11 110	<u>, , , , , , , , , , , , , , , , , , , </u>	,		
	NO	PART 2 OTNER SIGNIFICANT CONDITIONS CORPER NEO	ONTRIBUTING TO OF	_				PART 1 (a).			
2	MEDICAL CERTIFICATION	190. DATE OF OPERATION					AS PERFORMED?			20 AUTO	
3	AL CER	210. EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING CAUSE OF D	HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HC	W INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 PA	RT T OR PART 2}	
	MEDIC	214 INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY FACTORY, FARM, E	(AT HOME,		CATION	CITY OR	rown	COUNTY	STATE
		220. I certify that I taak charg	e of the remains	described aba		Autops	y , Inspect			in my opinion	
		ACTUAL SIGNATURE	aby.	Lod	uno	icide []	TITLE (SPECIFY)	MEDICAL EX		DATE 3-	10-79
2			STO P.	RODRIG	VEZ /		ADJ 2800WII			TANTALLON	5-19/10
BALIMORE, MARYLAN	30.BL	JRIAL, CREMATION, REMOVAL 2				METERY O	R CREMATORY	23d. LOCATION		COUNTY	STATE
3 7	24. FL	NAROBETT E. W	<u>14Marl</u> ilhelm	RESS			250. DAT	Milfo: E REC'D. BY REGIST AR 16 197	RAR 156 REG	TRAK'S SIGNATURE	ss.
-		Funeral Hom	e Inc	Sı	uitla:	na,	Ma.	T 0 13/	3	7	7,

23370-01 March AM STATE

MAR I E 1940 Supply making

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH (TYPE OR PRINT) 40 Racho F UNDER I YEAR IF LINDER 24 MRS 3 SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) 1907 white July semale 71 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maruland USA Prince George DIVORCED [ 12h, KIND OF BUSINESS OR CITY OR TOWN OF DEATH INDUSTRY Hyattsville Carroll Manor Secretary Int. Tupoa. Unio BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 5810 Maiden Lane Maryland Montgomery Bethesda 15 MOTHER'S MAIDEN NAME MIDDLE Roche. Elizabeth Walter Higgins P.O. Box 336 16h SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Chesapeake Beach. Md. 577-44-7234 Clara R. Davis 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. COMA DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF CIRRHOSIS Conditions, if ony, which BENNEC gove rise to immediate couse (p), stoting DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h, IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NO I NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on MAR and that in (my) (ew) apinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 226 SIGNATURE DEGREE MEDICAL STAFF ATTENDING D FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Gusens Chapel Ro 2600 Olypmas 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL STATE (SPECIFY) Man 13 1979 St. Poton's Comotony Harners Ferry Jofferson REC'D. BY REGISTRAR 186 PER ISTRAR SONA JRE 24 FUNERAL DIRECTOR Francis J. Collins OBECCO DHMH - 16 50M 1/76 (VR A 15 (4)) 500 University Blud. W. Silver Spring. Md.

Total Comment of Comme

Funcial Har. 17,1979 Mt. Totoria empirer Peners Fence Jeiferson W. Mr. Francia J. Collins

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) OF ESTIcsa DEATH MATED SEX 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. 21 HOUS IF UNDER 24 HRS. 2c. DATE PRONOLINCED 72 DEAD FUNERAL I 76. CITIZEN OF WHAT COUNTRY To BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY! MARRIED NEVER MARRIED Va. U.S.A. WIDOWED [ DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY George General Hospital None USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 13a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Navahoe Dr. NO [ OF VITAL F 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MCCOV Edward Bessie Harrin to Harrington 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No Unk Park Rd. N.W. Darvl Odom 18 CAUSE OF DEATH (Enter only one couse merfline for (o), (b), and (c), PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH SIT PERMIT leuseul aludid vareular devene IMMEDIATE CAUSE DUE TO R AS A CONSEQUENCE OF OR REMOVAL Conditions, if any, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. AND CREMATION, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF BURIAL. YES [ BE NO T 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME If. LOCATION WHILE AT WORK STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described obove, held on Autopsy Inspection deoth resulted from: Natural causes Accident Homicide Undetermined monner TITLE (SPECIFY) ACTUAL EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, N BALTIMORE, MA Deputy MEDICAL EXAMINER 12800 Willow Wind Circle, Oxon Hill Avgusto P. Rodriguez.M.D. EXAMINER'S NAME TYPE OR PRINT **ADDRESS** 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Buria Landover, Maryland Memorial 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Johnson 716 Kennedy St Jenkins F H 15M 7/77

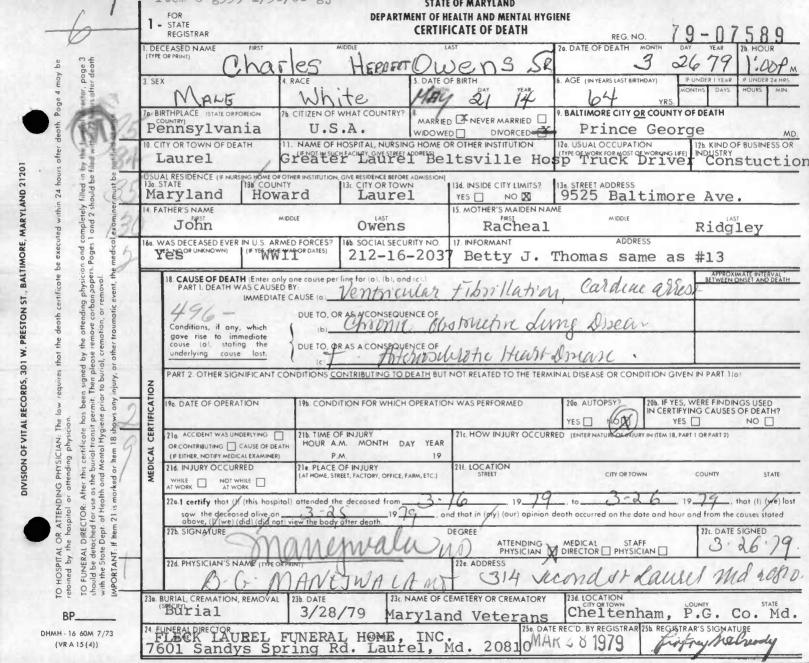
STATE OF MARYLAND

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 2s. DATE OF DEATH MONTH DAY YEAR 2h HOUR (TYPE OR PRINT) **ELIZABETH** OTIS J. 03-30-79 3:15PMM 3. SEX 4. RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAYS HOURS Female white 12 9 1890 茶餐 88 To BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** COUNTRY MARRIED NEVER MARRIED Michigan USA PRINCE GEORGE'S COUNTY WIDOWED II CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 126 KIND OF BUSINESS OR PRINCE GEORGE'S HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CHEVERLY Housewife own home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 136 COUNTY 13c CITY OR TOWN 1134 INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 4 Greendale Place. Georges Greenbelt 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Hahn Elizabeth MIDDLE Dittman Fredrick 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) B74-05-4506 no none Marjorie E. Groht-dau-(same as 18. CAUSE OF DEATH (Enter only one cause per line for LD), (b), and ICI. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, rise immediate couse (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED iene pr IN CERTIFYING CAUSES OF DEATH? Shows DIVISION OF VITAL NOD YES [ NO [ Mentol Hygi 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 0 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive on. and that in [my] (aur) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME ITYPE OF PRINTS 22e ADDRESS the the with the 0 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION COUNTY (SPECIFY) STATE CITY OR TOWN Burial 4-2-1979 Union Cemeters Burtonevill Montgemery Md Pumphrey DHMH-16 20M (VRA 15, 4) 7/78 Md

19-07588

...

PTP 19



88378-81 TYNEED NO. The course of the control of the con Contract the same of the state FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.	19-01	590		
70	I. DEC	CEASED NAME	FIRST	-	MIDDLE	· ·	AST	2a. DATE OF DE	HTMOM HTA	DAY YEAR	26 HOUR		
4	(,,,,,		AYMON	D	P	EARSO	N	MARCH	14	1979	12:30PM		
	3 SEX			4 RACE		S. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
	200	Male Black					. 10°, 191°0°	69	Y	MONTHS DAYS	HOURS MIN.		
14.		RTHPLACE STATE OR FO	REIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER MARRIED	9 BALTIMORE		INTY OF DEATH			
30	CC	Virginia	a	U.S.	Α.	WIDOWE			Prince	George's	MD		
0	10 CI	TY OR TOWN OF DEA				G HOME C	OR OTHER INSTITUTION	12a. USUAL OC	CUPATION	12 b. KIND C	OF BUSINESS OR		
1	La	anham		Doctor	HEACHLITY, GIVE STREET A	al of	Pr. Geo. Co.		R MOST OF WORKI	NG LIFE) INDUSTRY			
	USUA	AL RESIDENCE (IF NURS	ING HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)			etired				
35	130.5	Md.	Pr.	Geo.	Laure 1	1	YES NO		1ulberr	y Street			
, ,	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA/		AIDGLE	LA	eT.		
25			ian P	earson	2001		Emm		THE STATE OF THE S		31		
	16a. W	AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT ADDRESS						
1	,,,	No	(# 123, 011	WAR OR DATES	225-05-0414   Agnes Pearson (Wife) same						as #13		
		18 CAUSE OF DEATI	H (Enter or	ly ane cause per	line for (a), (b), and	I (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		PART I. DEATH W		D BY: 'E C AUSE (o)	ACUTE	COR	PULMONALE						
		1579			R AS A CONSEQUE	NCE OF		- 1000		¥0.00			
	10	Canditians, if any,		(b)	PULM	ONAR	RY EMBOLI	SM		10 -1	snivules		
		gave rise to imm cause (a), statin underlying cause	g the	DUE TO, O	R AS A CONSEQUE		OF THE	PANCRE	AS	unde	elernined		
		BART 2 OTHER SICA	HEIC ANIT (	(c)	CARCIN		NOT RELATED TO THE TERM			LC N/ENLIN DADT 1/			
	Z	META			INOMA TO			INAL DISEASE O	K CONDITION	OIVEN IN FART IT	d1		
	ATK	190. DATE OF OPERAT			TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS	Y? 20b. 1	FYES, WERE FINDI	NGS USED		
2	CERTIFICATION	MARCH S	1479	TUMO	OR OF TH	e He	rad of the Pancieos	YES N	IN CE	ERTIFYING CAUSES YES	OF DEATH?		
0	CER	21a. ACCIDENT WAS UND	_	110110 4		4545	21c HOW INJURY OCCURR	ED (ENTERNATURI	E OF INJURY IN ITEA	A 18, PART 1 OR PART 2)			
7	AL	OR CONTRIBUTING C		HOUR A.	M. MONTH DA	Y YEAR							
	MEDICAL	21d. INJURY OCCURR		21e PLACE	OF INJURY		211. LOCATION						
	W	WHILE NOT WHAT WORK AT WO	HILE	(AT HOME, ST	REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	Ct	TYORTOWN	COUNTY	STATE		
	.9	22a.1 certify that (i)	(this haspe	tol) attended th	e deceased from £	Phrugi	4 25 19 79	to MA	REH 14 1	19 79	that (I) (we) lost		
		sow the decease obave, (1) (we) (e	d olive on	MARCH	14 (4)		nd that in (my) (too) apinian a	deoth occurred o	n the dote onc				
		226 SIGNATURE	11	de	offer deoffi.		DEGREE			22t. DATE			
			May	Alle		^	1.0 ATTENDING PHYSICIAN IT	DIRECTOR [	STAFF PHYSICIAN [	Marci	k 14 1/ 1975		
1		224. PHYSICIAN'S NA	ME (TYPE	RIN			22e. ADDRESS						
1		MAXIMO	Sin	JGER			6001 Landa	ek Rugo	Cheve	rly Mu 2	20785-		
	23a. B	URIAL, CREMATION,					EMETERY OR CREMATORY	23d. LOCATIO	NWC	COUNTY	STATE		
	1	Buria	1	3-19-	79 Qu	eens	Chapel Cmmete	ry Be	ltsvill	e, Pr. Ge	eo. Md.		

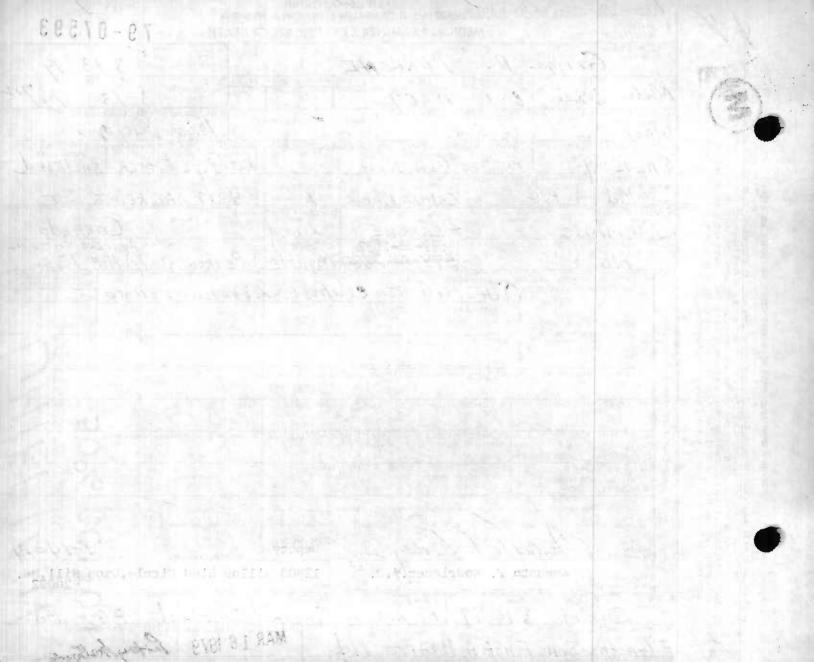
DHMH - 16 50M 7/77 (VR A 15 (4))

George R. Snowden 246 N. Washington St. Rockville, Md. 20850 MARTERE DE REGISTRAR 256. REGISTRAR SSIGNATURE

11			500				ARYLAND	(O.E.)			
7		1-	FOR STATE				AND MENTAL H		7.0	0750	
			REGISTRAR	ME	DICAL EXAMII	AEK 2 C	ERTIFICATE O		REG. NOY -	0133	
	SE. S. S. T. T. T. S. S. T. T. S. S.		CEASED NAME FIRST (LLY)	6	William P	EZT	ON	26. DATE KN OF E DEATH M	STI-	-30 19 79	26 HOUR
	RECTOR. R FILES. HOURS STREET,	3 SE)	1. RACE	5. DATE OF BIRTH	6. AGE (IN Y	EARS IF UNE	DER 1 YR. IF UNDER 2	24 HRS. 2c. DATE MIN. PRONOUNCE	MONTH D 5	DAY YEAR	26 HOUR
	N S S S S S S S S S S S S S S S S S S S	14	all und	5-10	12 06	/RS.		DEAD	3 -	10/4	M
	ECESSA INERAL FOR Y MITHIN PRESTI	FO	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WI	HAI COUNTRY?	8. MARRIE		bin	RECITY OF COU	NIY OF DEATH	
	m z = 3 = 01		ew York	U.S.	A	WIDOWE			C Jacobs		MD.
	110774	2	Wortown of DEATH	WAME OF HOS	PUAL, NURSING HON	CH -/	100 COA	for Most of Working Constru	G LIFE)	OR INDUST Utili	RY
201	ON TON 26	USUZ IPI X	ATE ISON	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMIS		13d. INSIDE CITY LIMITS?	130 STREET ADDORS	11/2r	And 10	11
MD. 2120	- X X X X X	TUE!	THER'S NAME	Zici-i-ji	10,4811.01	74	15. MOTHER'S MAIDER	NAME	77/111-	11/1/0	7
WD	# 1. 2 9 F// A	2000	Fred	MIDDLE	Pelton		Cora	MIDD	LE	Pelton	
ORE	Z ORW	16s. V	VAS DECEASED EVER IN U.S. A		16b. SOCIAL SECURI	TY NO.	I7. INFORMANT		74893 ]		0-
BALTIMORE,	L III III O	(4)	es, no. or unknown) (IF yes, gi	VE WAR OR DATES)	577-09-3	675	Catherine	Corbin.	Centre	Lambert ville.	Va.
			18. CAUSE OF DEATH (Enter	anly ane cause perting	far (a), (b), and (c).)	7	4			APPROXIMATI	E INTERVAL T AND DEATH
TS N	24 HO ITEM 1 LIONG PERMI GIENE,	da	PART I DEATH WAS CAUS	ATE CAUSE (	tenosell	unc	(lastro)	Viseubic	unas		
PRESTON	L G P A T		4272		AS A CONSEQUENCE	OF					
4 A	A A NO		Canditians, if any, whi gave rise to immedia	te (b)		f for the					1.5
W.	EXAMI EXAMI EXAMI BAL-TR MENT OR REA	16	cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF					
301	EXECUTED  JG. IN PER  CAL EXAM  A BURIAL-T  AND MEN  ION, OR RE	1	BARL 2 DINES CICHELCANT COMOLIO	(c)							
AL RECORDS,	XUII SU	Z	PART 2 OTNER SIGNIFICANT CONDITIO	AS CONTRIBUTING TO DEATH	ROLL MOLI KETATED TO 144 151	MINAL DISEASE	OR CONDITION GIVEN IN PART	1 (a).			
REC	58.048	CERTIFICATION	196. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPE	RATION WA	AS PERFORMED?			20. AUTOPSY	?
IAL	Untal : "	IFIC								YES 🗆	NO 🗆
P V	ATE SH THE CL TD BE L AENT O BURIAL	CER	210. EXTERNAL CAUSE WAS	216. TIME OF	INJURY		W INJURY OCCURRED	(ENTER NATURE OF INJUR	IN ITEM 18 PART 1 OR		
DIVISION OF VIT	いまっるまで		UNDERLYING OR CONTRIBUTING CAUSE O			NK .					
VISIO	- 0 000	MEDICAL	216. INJURY OCCURRED	21e. PLACE (	OF INJURY (AT HOME,	21f. LOC	ATION	CITY OR TOWN		OUNTY	STATE
ō	WARDED WARDED WARDED PAGE 3 TATE DEF	2	AT WORK AT WORK		, , , , , , , , , , , , , , , , , , , ,						
	R: TE,		22a. I certify that I took cha	rge of the remains	med abave, held an	Autapsy	y , Inspection	Inquiry [	and in my	apınıan	
	EXAMINE CERTIFICA JLD BE FO DIRECTO! WITH THI ARYLAND			tural caures		uicide .	Hamicide .	Undetermined mann			
	EXAMINIC CERTIFIC, ULD BE F DIRECTO WITH TH WITH TH		A	· IN	0	- 11	TITUE SPECIFY	p-6		-/20	he
	AL EXA HE CER HOULD AL DIR ITH, WI		SIGNATURE //	and the	THEY	M.J	March	MEDICAL EXAMIN	IER SIGI		17
	TO MEDICAL E EXECUTE THE OPAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, MA	0	EXAMINER'S NAME	ust P.	R Milau	42	DDRESS / YES	Willroft	inel Co	Mar	6.14
	PAG PAG PAG PAG BALI	23a.B	URIAL, CREMATION, REMOVAL	23b. DATE	23t. NAME OF CI	METERY OR	CREMATORY	236. LOCATION	1 mi	JUNITY -	Pate
	6100	(	Burial	Mar 23.1	979 Mar	assa	S	Manassa	s. Vir	rinia	
	NH-17 20M 1/73 R A15 ME (5))		UNERAL DIRECTOR	ADDRESS			25e. DATE R	EC'D. BY REGISTRAR		SIGNATURE	
		Ba	ker Funeral	Home, Ma	nassas, 7	/irgi	nia MAR	23 19/9	Contrar	A STATE OF THE SECOND	

						OF MARYLAND			STILL STATE OF
N	11	FOR - STATE				ALTH AND MENTAL HYG	IENE	79-1	7592
7	L	REGISTRAR Alb	ert W	ashingt	CERTIFI	CATE OF DEATH	REG. N		, , , ,
(n.s.)		ECEASED NAME FIRST	Mil	DDLE	0	ST	20. DATE OF DEATH		EAR 26 HOUR
A TO ISE		all	ed Ch	)	()	uru	March 12	2, 1979	7:34 P M
	3. SI		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIR		
4 9.0	1	fale	Cau.	W 11.2	Jan	$.6^{\text{DAY}}_{1907}$	72	YRS.	DAYS HOURS MIN
P de		SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8 MARRIEC	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	тн
1 1 13		Saryland	U.S.A		WIDOWE	DIVORCED [	Prince	Georges	MD.
tied the		ITY OR TOWN OF DEATH	11. NAME OF HO	DSPITAL, NURSING	G HOME O	OTHER INSTITUTION	120 USUAL OCCUPAT	ION 12b K	IND OF BUSINESS OR
15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		linton				ital Center	Farmer	A	rg.
at be	1,30	STATE TO P.	ROTHER INSTITUTION, G	IVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS		
Fille nould	Ma	ryland P.	G.	Brandyw	ine	YES NO L	Rt.#3	Box 338	
To strike 12 strike	14. F	ATHER'S NAME FIRST	MIDDLE	LAST	100	15. MOTHER'S MAIDEN NAM	AE MIDDLE		
MAN MAN	2	L Nel		Perrie		Grace	MIDDLE	Hute	chinson
Kecul Kecul		WAS DECEASED EVER IN U.S. A	RMED FORCES?   I	66 SOCIAL SECUP	RITY NO.	17. INFORMANT	BÔX	305	1
Mon non medi		NO +		218-12-	9021	Mary P. Th	omas Whit	te Plains	s. Md.2069
ALT Sicio Person oli.		18. CAUSE OF DEATH (Enter o	nly one couse per li					BET	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
T The state of		PART I. DEATH WAS CAUS	ED BY: TE CAUSE (a)	myo	Lcan	Le 9 mol			100
ding or re		4.11)-		AS A CONSEQUE	NCE OF	2 4		110000000000000000000000000000000000000	41.0
PRESTON he deoth or emove cort mation, or	13	Conditions, if ony, which	(b)_	Parely	Vis.	alm Hend	altersh	-	year
The share sh		gove rise to immediate couse (a), stating the	DUE TO OR	AS A CONSEQUE	NCE OF				
thor thor of, or other		underlying cause last.	(c)						
s, 3	-	PART 2. OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO D	EATH BUT I	OT RELATED TO THE TERM	NAL DISEASE OR CON	IDITION GIVEN IN PA	ART 1(a)
The Tree or required to the result of the re	Ĭ								
Price be	CERTIFICATION	190. DATE OF OPERATION	196. CONDITI	ON FOR WHICH	OPERATION	WAS PERFORMED	20a. AUTOPSY?	206. IF YES, WERE F	INDINGS USED
A Signature of A Sign	] #						YES NO	YES 🗌	NO [
AN. hysid	-	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING   CAUSE OF DE	21b. TIME OF	INJURY MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PA	(RT 2)
SICIA 19 pl 19 pl riol-t	SAL	IF EITHER, NOTIFY MEDICAL EXAMINER	AIR -		19	Control of			
NG PHYSICIAN: The offending physicion by the buriol-tronsit phy ond Mental Hygier hand mental Hygier physician by the ond Mental Hygier privated or them 18 shown and the physician physic	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF	F INJURY T, FACTORY, OFFICE, FA	RAA FTC 1	211. LOCATION STREET	CITY OR TO	wn count	TY STATE
Otto Otto Os th on orked	1	WHILE NOT WHILE AT WORK				- 69			3
NDIII or I		22a. I certify that (I) (this hosp			10-	, 17	_,10_3-12	., 19.	, that (1) (we) lost
ATTE Spito CTO Ifor of th		sow the deceased alive or abave, (1) (we) (did) (did no	3-5-	ter death.	, and	that in my (our) opinion o	leath occurred on the d	ote and hour and Iron	m the causes stoted
OR A DIRE DIRE Dept		22b. SIGNATURE			D	EGREE			DATE SIGNED
A A A A A A A A A A A A A A A A A A A		Stick	EN s.	whom m	2	ATTENDING PHYSICIAN	MEDICAL STA		3-12-79
HOSPITA	7	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		L T	22e. ADDRESS			
		Richard D	obson, N	M.		Brandywine	. Marylan	d 20613	han 1
5 5 5 4 3 W	23a.	BURIAL CREMATION REMOVAL			AME OF CE		1234 OCATION 9	parpage	
(000 BP	B	urial	3-16-7	79 Jm	manue	el Meth. Ce		P.G. Ma	ryland
DHMH - 16 60M 7/73	-	UNERAL DIRECTOR	001	- notes	0 1	25a. DATE		256 REGISTRAR'S SH	Chamber .
(VR A 15 (4))	J	Junt Tursio	& Home	Wale	Don K	mx-	Mr 20 19/9	harband.	- Creaty

79-07592	
Sand Court of the Sand	
graphic and reported	Together the second of the sec
	porter property and an ambient of the beat of
1.83 200 15.00	The state of the second
	nous called material
Dankstein and America	and short including the Set . Section .



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

ould be

(YES, NO OR UNKNOWN)

CERTIFICATION

MEDICAL

p

and Mental Hygi

shaws

Item 18

no

PART I. DEATH WAS CAUSED BY

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

79-17594

REGISTRAR			CERTIFICATE OF DEATH	REG. NO.		
1 DECEASED NAME	FIRST	MIDDLE	LAST	26. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
{TYPE OR PRINT}	Margaret	A.	Petersen	March	23 79	11 P.
3 SEX	4 RA	CE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Female		White	Nov 5, 1901	77 YR	MONTHS DAYS	HOURS MIN
To BIRTHPLACE STATE	OR FOREIGN 76. C	ITIZEN OF WHAT COUN	TRY? 8 MARRIED   NEVER MARRIED [	9 BALTIMORE CITY OR COUN	TY OF DEATH	
country)		USA	WIDOWED DIVORCED [	D. J. C	e's	M
10 CITY OR TOWN OF	DEATH 11.	NAME OF HOSPITAL, NU	IRSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b KIND C	OF BUSINESS OR

Saylor Road Riverdale (IF NURSING HOME OF OTHER INSTITUTIO

Pr. Geo's Riverdale 13d INSIDE CITY LIMITS? Maryland YES T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME

Mathew Cloeren LAST

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES)

314 30 4001 18 CAUSE OF DEATH (Enter only one couse per line for

FIRST 17 INFORMANT

Henry E

Anna Becker ADDRESS

Peterson

Sunderland. Md.

LAST

APPROXIMATE INTERVAL

(TYPE OF WORKEDR MOST OF WORKING LIFE) INDUSTRY
HOUSEWITE HOME

Taylor Road

IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse to, stating the underlying couse lost.

DUE TO, OR AS A CONSEQUENCE OF

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY

OR CONTRIBUTING TO CAUSE OF DEATH

( IF EITHER, NOTIFY MEDICAL EXAMINER

23a. BURIAL, CREMATION, REMOVAL

HOUR A.M. MONTH DAY YEAR P.M 19

21d. INJURY OCCURRED NOT WHILE AT WORK

21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

NOX 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

IN CERTIFYING CAUSES OF DEATH?

CITY OR TOWN

250 SATT REGID BY REGISTRAR 256.

NO F

20b. IF YES, WERE FINDINGS USED

COUNTY

STATE

sow the deceased alive or and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

21f LOCATION

THE PHYSICIAN'S NAME (TYPE OF PINT) 22e ADDRESS

23c NAME OF CEMETERY OR KREMATIONS

Landover Rd. Cheverly.

20n AUTOPSY?

Gate of Heaven Burial

James W. Harding, M.D.

22a.1 certify that (1) (this haspital) attended the deceased from

Francis Gasch's Sons, PA Hyattsville, Md.

23b. DATE

Silver Springs Montgomery Md

DHMH - 16 50M 1/76 (VR A 15 (4))

Should be detained by with the State D

IMPORTANT:

18-07591 Solver to Local FORE N.Pr. Geo's Streetlin the state of the control of the state of the te end for the .bigsilives representance stages along

4/		STATE OF MARYLAND	
×	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE	7 5 0 5
		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. TU	1595
探면성하던		CEASED NAME  VEIL CUINSTON PETERSON  20. DATE KNOWN MONIT OF ESTI- DEATH MATED 3.	-22 1979 1:39
A STREET	3. SEX	4. RACE S. DATE OF BIRTH S. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH DAY HARD LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED 7 - 7	DAY YEAR 24 HOUR
FINANCE CONTRACTOR	7a BJ	IRTHPLACE (STATE OR 75. CITIZEN OF WHAT COUNTRY?	MIT OF DEATH
A 55 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(	WIDOWED DIVORCED DIVORCED CREATE	g , MD.
DELAY IS 3 TO THE N PAGE 9E FILED DS, 301 V	10	TY OR TOWN OF DEATH  13. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  120. USUAL OCCUPATION ITTYPE OF WORK  FOR MOST OF MORKING LIFE I  PACLIEN RET	OR INDUSTRY
F ANY AND RETAIL HOULD	130. S	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  TATE  ARYTHMAC HARFACL HOLCOLOR 130. CITY OR TOWN  ARYTHMAC HARFACL HOLCOLOR YES NO [ 671 U.J. e.s. f. B.	elair ave
S L S L	14. FA	ATHER'S NAME FRANCIS MARION PETERSON IS MOTHER'S MAIDEN NAME  LABORATION PETERSON LIEN AMANDA WI	INSTON
ITIN AF ITIN	16a. V	VAS DECEASED EVER IN U.S. ARMED FORCES? ES, NOTOFILIANOWN) (IF YES, GIVE WAR OR DATES)  168. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 234-34-3223 MRS. LemoyNe STOYFI-E	Silver Spq. Md.
W. PRESTON ST.  D. WITHIN 24 HO ENCIL IN ITEM 1 MAINER ALONG TRANDIT PERMIT INTAL HYGIENE, REMOVAL.	A-SUBSET LOS	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (a) stating the under-lying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  (c)	APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
A A A A A A A A A A A A A A A A A A A	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).  ### Caches   Tell 5	
₹ 58±22-4	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D. AUTOPSY?  YES □ NO M
OF V OF V OF V OF V OF V OF V		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  P.M. 2/19/19/19/19/19/19/19/19/19/19/19/19/19/	
DIVISION E: THIS CERTIFIC E: WRITING TH E: WRITING TH E: PAGE 3 SHOLE STATE DEPART 21201 PRIOR TO	MEDICAL	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK  210. PLACE OF INJURY (ATHOME, STREET FACTORY, FARM, ETC.)  STREET FACTORY, FARM, ETC.)  STREET WOS F B-0/H-1 Y DOWN	ounty Haylas
XAMINER: CERTIFICATE, LID BE FOR VIRECTOR: WITH THE S'		228. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my clean resulted from:  Notural couses : Accident : Suicide : Homicide : Undetermined monne : TITLE (SPECIFY)  ACTUAL SIGNATURE : Deputy MEDICAL EXAMINER SIGNATURE	2-22-79
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUR SHOU AFTER DEATH, BALTIMORE, MY		EXAMINER'S NAME Augusto P. Rodriguez, M.D. 12800 Willow Wind Circle, Ox	Hill, Md.
Bb——— 8 A 5 D F F 8	(S	URIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CHYORTOGYN CHYORTOGYN CHYORTOGYN MONTEVALLO, A	la band
DHMH - 17 (VR A15 ME (5)) 15M 7/77	F	WAR 27 1979  WAR 27 1979  WAR 27 1979	SIGNATURE Bready

3 - 0 - 70 - 71,77	CRALL, I	9	MAI LITA
		2010	100
BY NEWS AND RELIEF		.A.B.U	
moved in example.			
APPLYA ATARO DE COLO		mai .ospai	ettical gracie
(4	akaanu)		
. Which sales as the bridge of	more manufactures	and the	e la
	the state of the		
	the state of the		

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

	FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE REG. NO.	9-07597
	1. DECEASED NAME FIRST (TYPE OR PRINT)  1. SEX	MIDDLE E	PIERCY  15. DATE OF BIRTH	2a DATE OF DEATH MONTH  3/24/79  6. AGE (INYEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 9:10 PM
	female	white	May 28, 1890	88 YRS.	MONTHS DAYS HOURS MIN
,	70 BIRTHPLACE STATE OR FOREIGN COUNTRY England	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	Pro George's	
1	RIVERDALE	11. NAME OF HOSPITAL, NUR.  (IF NOT IN SUCH ACILITY, GIVE STR.  LELAND EMORIA	RSING HOME OR OTHER INSTITUTION REET ADDRESS)  AL HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE Legal secretary	
5	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COUR		ville   136 INSIDE CITY LIMITS?	6716 West Fores	st Road Apt 101
1	14. FATHER'S NAME FIRST William J	MIDDLE LAST Piercy	15. MOTHER'S MAIDEN N		LAST
	16a WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SE OSG 09	4440	ADDRESS Baeschlin Upper M	Marlboro Md.
	PART I. DEATH WAS CAUSE	TE CAUSE (a)	palic tailu	v -e	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Smonths
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	inoma of O.	painal DISEASE OF CONDITION GI	5 menuts
	NO DATE OF OPERATION  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	arthers	ICH OPERATION WAS PERFORNED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
-	OR CONTRIBUTION TO CHIEF OF DE	^120	DAY YEAR	YES NO PAY	PART 1 OR PART 2)
	OR CONTINUOU ING CAUSE OF DE C	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	ICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
	saw the deceased alive an abave, (I) (we) (did) (did no	atal) attended the deceased from	and that in (my) (aur) apinio	an death accurred an the date and ha	
	Thomas M.	Hutolins		MEDICAL STAFF DIRECTOR PHYSICIAN	3/2-5/79
	Thomas M I		22 ADDRESS 6214 Landov	ver Road Chever	rly, Md.
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE Mar 27, 1979			Pro Georges Md

P A Hyattsville, Md

Gasch's Sons

DHMH - 16 50M 7/77 (VR A 15 (4)) 0000

10010-0			
9 01:0	vom i <sup>q</sup>		ACH!
	0.00	outre	The Property of
2000000			Takin Lee
ontoll bels withour (-n)			RIVERNUE
f the long thomas for a proper	The section	r Forth corner so	
	or Land		
The month of the complete of the sale	V processor of the s		0.0
		ES ES	
THIN AND THE REAL PROPERTY.		1. 40 20 1	
. fin . rimmend fined they	06 1107 1 17	antifatuli 1	Printed To the Printe
The me of a loop and a reco	two at and the	FRE , SE WIP	10 4
No the Control of the	A CHEST SATI	SHIP SHIP	athani.

9 7 7 5 9 1 2 7 5 9 B	
T.	
te s	26 Jan 79
each ozek	en nation of our on south groups and early in
tt sy 3203 Onoleden St	Mur, dand Prince Sro Sest Please
Fetricia d. Blue 5803 Cooledge	venitif enve
Patriole J. Blue (Bother)	ic Uninown one
Ceretery Landover, PCC, Laryland	Burial 5 Apr 79 Harborr Continuer Superal Hore

					- 1
				A, 0, 0	
AND LA LOW	TVALCE-	17 21			
SVERT TEACHER	TOTAL MIL.		2.804.0	Page States	OCCUPANT.
TarisM 1			CHARTE		Littare
Total Sales (Consultation)	W-65 E909	111111	dron-le-she		The sale
		C. CHISCOL S. WAT	A PATOLOGIS SOL		

STATE OF MARYLAND

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-07602

								REG. N			
		EASED NAME	FIRST		MIDDLE	1	AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
	{TYPE (	PEN	ELOPE		eClair		POWERS	March 25	,1979	9	11:A.
	3 SEX	Female		4 RACE Whit	е	S. DATE C	ch 13,1915	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HR HOURS MIN
In	7a BIR	THPLACE (STATE OR FO	DREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY			
		shington 1		USA		WIDOWE	DIVORCED	Prince C			
00	U	PORTOWN OF DEA	boro	700 in suc	Largo Roa	address)	OR OTHER INSTITUTION	12g USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemake	OF WORKING L		OF BUSINESS
38	13a. S	L RESIDENCE (IF NURS TATE LTYLAND	13b COUN		GIVE RESIDENCE BEFOR 134 CITY OR TOW Upper Ma	/N	13d Inside City Limits?		go Roa	ad	
40	14 FA	Hugh		P.	LeC la	air	Is MOTHER'S MAIDEN NA  FIRST  Lillian	MIDDLE		Dear	
1		AS DECEASED EVER ES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	215-46-L		Ralph W. Po	wers (Husba		same as	blk 13
	2.99	16 d. 7		DUE TO, O	R AS A CONSEQU	ENCE OF					
	ATION	Conditions, if ony, gave rise to imm couse (a), statin underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERA	nediote ng the last.	DUE TO, O	IR AS A CONSEQU	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YE	ES, WERE FINDI	NGS USED
2	TIFICATION	gave rise to imm couse (a), statin underlying cause PART 2 OTHER SIGN	nediote ng the last.	DUE TO, O	IR AS A CONSEQU	ENCE OF			20b. IF YE		NGS USED
29	CERTIFIC	gave rise to imm couse (a), statin underlying cause PART 2 OTHER SIGN	nediote  19 the  10st.  NIFICANT O	DUE TO, O  CONDITIONS CO  196 COND  196 COND  196 COND  196 COND  216 TIME C  P.  21e PLACE	ONTRIBUTING TO	DEATH BUT OPERATIO  AY YEAR 19	21c. HOW INJURY OCCUR	200 AUTOPSY?  YES NO	20b. IF YE IN CERT Y JRY IN ITEM 18,	ES, WERE FINDI IFYING CAUSES (ES ] PART 1 OR PART 2)	NGS USED 5 OF DEATH? NO []
29	MEDICAL CERTIFICATION	gave rise to immodule to couse (a), stating underlying cause  PART 2 OTHER SIGN  19a. DATE OF OPERATION OF CONTRIBUTING (IF EITHER, NOTHY MEDIC  21d INJURY OCCUR!  WHILE NOTHY MEDIC  WHILE NOTHY MEDIC  AT WORK NOTHY MEDIC	mediate g the last.  NIFICANT (  TION  DERLYING CAUSE OF DEAL EXAMINER)  RED  HILLE  HILLE  REA  HILLE  REA  HILLE  REA  HILLE  REA  HILLE  REA  HILLE  REA  REA  HILLE  REA  HILLE  REA  REA  HILLE  REA  REA  REA  REA  REA  REA  REA	DUE TO, O  CONDITIONS CO  196 COND  196 COND  196 COND  196 COND  216 TIME C HOUR A P.  21e PLACE (ATHOME, ST	ONTRIBUTING TO	DEATH BUT OPERATIO  AY YEAR 19	21c. HOW INJURY OCCUR	200 AUTOPSY?  YES NO NO NOTE:  RED (ENTER NATURE OF INJU-	20b. IF YE IN CERT Y DRY IN ITEM 1B,	ES, WERE FINDI IFYING CAUSES (ES, PART 1 OR PART 2) COUNTY	NGS USED 5 OF DEATH? NO []
29		gave rise to immodule to immodule to import to	mediate ig the last.  NIFICANT O  TION  DERLYING CAUSE OF DEAL EXAMINER  RED  Other Control of the control of t	DUE TO, O  CONDITIONS CO  196 COND  196 COND  196 COND  196 COND  216 TIME CO HOUR A P.  21e PLACE (AT HOME, ST	ONTRIBUTING TO  ITION FOR WHICH  OF INJURY  M. MONTH D  OF INJURY  REET, FACTORY, OFFICE,  Re deceased from	DEATH BUT  OPERATIO  AY YEAR  19  FARM, ETC.)	21c. HOW INJURY OCCUR 21f LOCATION STREET  19 97  nd that in (our) opinion	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU-	20b. IF YE IN CERT Y DRY IN ITEM 18.	ES, WERE FINDI IFYING CAUSES (ES	NGS USED SOF DEATH? NO STATE that we couses state.
		gave rise to immodule couse (a), stating underlying cause  PART 2 OTHER SIGN  19a. DATE OF OPERA  21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTHY MEDIC  21d INJURY OCCUR! WHILE NOTW AT WORK  22a.1 certify that 1	mediate g the last.  NIFICANT (  TION  DERLYING CAUSE OF DE. ALEXAMINER)  RED  (this hospi	DUE TO, O  CONDITIONS CO  196 COND  197 COND  198 COND	ONTRIBUTING TO  ITION FOR WHICH  OF INJURY  M. MONTH D  OF INJURY  REET, FACTORY, OFFICE,  Re deceased from	DEATH BUT  OPERATIO  AY YEAR  19  FARM, ETC.)	21c. HOW INJURY OCCUR   YES NO NO NEED (ENTER NATURE OF INJU.  CITY OR TO  to Make death occurred on the death occurred occurred on the death occurred occurred on the death occurred occurre	20b. IF YE IN CERT Y WN  WN  L 25  lote and ha	ES, WERE FINDI IFYING CAUSES (ES	NGS USED OF DEATH? NO STATE	
29		gave rise to immodule to immodule to import to	mediate ig the last.  NIFICANT O  TION  DERLYING CAUSE OF DEA AL EXAMINER)  ALTERNATIVE O  ALTER	DUE TO, O  CONDITIONS CO  196 COND  197 COND  198 COND	ONTRIBUTING TO  ITION FOR WHICH  OF INJURY  M. MONTH D  OF INJURY  REET, FACTORY, OFFICE,  Re deceased from	DEATH BUT  OPERATIO  AY YEAR  19  FARM, ETC.)	21c. HOW INJURY OCCUR  21f. LOCATION STREET  19 22  nd that in (our) opinion  DEGREE  ATTENDING PHYSICIAN  22c. ADDRESS	200 AUTOPSY?  YES NO NO NOTE:  CITY OR TO  death occurred on the death occurred occurred on the death occurred on the death occurred occurred on the death occurred occurred on the death occurred	20b. IF YE IN CERT Y  WN  WN  L 25  lote ond ho	ES, WERE FINDI IFYING CAUSES (ES	NGS USED SOF DEATH? NO  STATE  that (we)

DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the hospital

	Furnit 25, 1979	EGITERS	Mint	i.i.	BAOTHBA	
		State Contain			67.20	
	Priore Course			1.	Liù E nous	Inte &
	to list was if				prostroid a	
	beof event out		Mark room)	21000	or in the	Z-ya
1		militat			The House	
					The second second	
	oma (barduni), cros	To Table of Establish	asgnu			
	oma (barduni), cros	eg volgius	asgnu			
	oma (barduni), cros	eg volgius				
	oma (barduni), cros	eg volgius				
1755/E						

		Item #22a Film		DEPARTMENT OF H		AL HYGIENE		70 (	07603	
		STATE REGISTRAR	MEI	DICAL EXAMINE	R'S CERTIFICAT	TE OF DEATH	REG.	NO. 9 - 1	11003	
		CEASED NAME FIRST		WIDDLE	LAST		ATE KNOWN			HOUR
URS EET,		Kar		olita	Proctor		ATH MATED		19 19 79	M
2 HO	3 SEX	001000	5. DATE OF BIRTH MONTH DAY  Nov.8,	YEAR LAST BIRTHDAY	MONTHS DAYS HOL	URS MIN PRO	DATE NOUNCED DEAD	MONTH		1:00
PRESTON	7a. BI	RTHPLACE (STATE OR	7b. CITIZEN OF WH					OR COUNTY		• M
1. )	M	aryland	U.S.A		the same of the sa	VORCED	Prince	George	County	MD
	1	TY OR TOWN OF DEATH	II. NAME OF HOS	PITAL, NURSING HOME,	OR OTHER INSTITUTION	120. USUAL C	OCCUPATION (		KIND OF BUSINE	
Secords, 30	4.	leabrook	Rail Road		r Seabrook	Rd. St	tudent	Pı	ulbic So	ch.
1	13a. S		NTY	13c. CITY OR TOWN	13d. INSIDE CITY LIN	WITS? 13e. STREET A	DDRESS Pital	hie St	ma a t	
55		aryland   P.		Landover		MAIDEN NAME		ile St.		_
60		Joseph	S.	Proctor			becca	Proc	tor	
1	16a. V	VAS DECEASED EVER IN U.S. AL		166. SOCIAL SECURITY	NO. 17. INFORMAN	T	6220		Hill Ros	ad
1		10		579-84-20	19 Audre	y Harley	0xon	Hill,	Md.200	21
	11	18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE)		far(D),(b), and(c).) Multiple inj	wi oo				APPROXIMATE INTE	DEATH
		9580 IMMEDIA	ALE CHOSE (O)	AS A CONSEQUENCE O						_
NTAL HYGI		Canditians, if any, which	4					74		
OR REMOVA		cause (a) stating the under lying cause last.		AS A CONSEQUENCE O		Talloud au				
, CREMATION, OR			(c)							
	z	PART 2 OTNER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT BELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVE	N IN PART 1 (a),				
-	CERTIFICATION	198. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERA	TION WAS PERFORMED	)?	100		20 AUTOPSY?	
1	THE								41	0 0
13	LCER	218 EXTERNAL CAUSE WAS		MONTH DAY YEAR	21c. HOW INJURY OCC		E OF INJURY IN ITEM	18 PART 1 OR PART 2	21	
	MEDICAL	CONTRIBUTING CAUSE OF		K 3/19 19 79	struck by	train				
	ME	WHILE NOT WHILE AT WORK AT WORK	STREET, FACT	road tracts	STREET		ortown	rook	P.G.Co. N	STATE
		22s I certify that I taok char								
3		death resulted fram:	or or the remains des		ide X, Hamicide	D, Undercom	quiry L.,	and in my apini	lo II	
		14	LINA	7	TITLE (SPECI	IFY)			3/20/	170
_		ACTUAL SIGNATURE	Jum		Assist	MEDICAL	EXAMINER	DATE SIGNED.		119
2		EXAMINER'S NAME HOTE	nez R. Gua	rd. M.D.	11	1 Penn St	reet.	Balto	MD 2120	1
	23n.B	(TYPE OR PRINT)			ADDRESSETERY OR CREMATORY	734 LOCAT				
	1 (1	rial	3-28-79		ius Cemet	10010010	The state of the s	P.G.	. Md.	
		UNERAL DIRECTOR	ADDRESS		25 a.	MAR 30	1979	perform	MeBready	y
	Hu	intt Funeral	Home Wal	ldorf, Mar	yland			1		

1 1 L L 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
			Law broad	
71-m( ) ( ) ( ) ( ) ( )				
los sector		in companies in	of 15 a	Sugy Self
South a stability of		a religion to		Sentrary.
	on an Profit	2014 75		
Mand Lily now Dolle				
		emertal of trade		
		to 107 Laries		
Charles and the	c)	1		
	7724			
		4 • C	d 478-5	
	nave or reagets	williamil.tz	Terral .	ni oni

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-17604

	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO 3 - 0 1	0 0	
		CEASED NAME OR PRINT)	FIRST	A	AIDDLE	- L	AST	20. DATE OF DEATH		YEAR	26 HOUR
	(ITPE	OR PRINT)	RALPH	1 Ger	once	PRO	CTOR		03-02-7	9	3:00 AM
	3. SE)			4 RACE	-	5. DATE C		6 AGE (IN YEARS LAST B			IF UNDER 24 HRS
	Mo	rle		Black-	Negro	2/200	X 26 1916	63	YRS MONTHS	DAYS	HOURS MIN,
-	70 BIF	RTHPLACE ISTATE OR FO	DREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIED		OR COUNTY OF DE	ATH	
2	PI	rinceGeorg	do.	U.S.A.		WIDOWE		PRINCE GE	EORGE'S		MD.
1	10. CT	TY OR TOWN OF DEA	ТН		OSPITAL, NU		OR OTHER INSTITUTION	120 USUAL OCCUPA		KIND O	F BUSINESS OR
1	CH	IEVERLY		PRINCE	<b>GEORGE</b>	'S GENE	RAL HOSPITAL		strution (		trution
5	13a. S	TATE Md.	13h COUN Char	TY	136. CITY OR LaPla	TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	7)+	488	
14	4. FA	THER'S NAME		AIDDLE	TAST		15. MOTHER'S MAIDEN NA			146	
7	Ge	rorge	H.		roctor	2	Callie		- Butl	ler	
J		AS DECEASED EVER		MED FORCES?	100	SECURITY NO.	17 INFORMANT	ADD	RESS		
	No				579-16	6-0935	Mary D. Proc	tor Rt. 1 B	ox 207 Wal	don	L. Md.
2	MEDICAL CERTIFICATION	190 DATE OF OPERA  210. ACCIDENT WAS UNIT OR CONTRIBUTING [ ] ( [ IF EITHER, NOTIFY MEDIC	which mediate ig the last.  NIFICANT C	DUE TO, OF    DUE TO, OF    DUE TO, OF    (c)	R AS A CONSE DITRIBUTING TION FOR WH FINJURY M. MONTH M.	EQUENCE OF	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY?	FOB. IF YES, WERE IN CERTIFYING C	FINDIN AUSES	IGS USED
3	MED	21d. INJURY OCCURI WHILE NOT WI AT WORK NOT WI 22a. I certify that (J/	HILE D		EET, FACTORY, OF		211 LOCATION STREET	CITY OR T	own cou		state
		saw the decease	ed alive an.	2-3			nd that in (my) (aux) apinian	death accurred on the	date and have and fr	/	
		above, (briwe) (did) (ald acc) view the body after death.  22b. SIGNATURE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								DATE:	SIGNED - 79
1		22d. PHYSICIAN'S N.	H x	- Eps	stein	M.D.	1220. ADDRESS 6201 gre	en belf	RD		
	(5	Burial, CREMATION,	REMOVAL	3/6/79			emetery or crematory Heart Cemeter	y La Plate	a Charle		STATE Md.
		INERAL DIRECTOR									

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

7	W.
D	1
y	

Item 6 g530 4/12/79 1- STATE and #1

## STATE OF MARYLAND

# DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	q	-	n	7	6	n	5
	J		U	-	V	V	U

							ICAIE OF DEATH	REC	S. NO.		
		EASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
			GEOR	GE H	QUI	NN			03-0	7-79	3 PM
R	3 SEX	Male		A RACE Caucasi	an	Jan Jan		6 AGE (IN YEARS LAS	T BIRTHDAY)  53  YRS	MONTHS DAYS	
13		RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CIT			
17		Wash. DC		U.S.		WIDOW	DI DIVORCED	PRINCE		15	
74		TY OR TOWN OF DE.		PRINCE	GEORGE S	GENE!	RAL HOSPITAL	170. USUAL OCCUI	OST OF WORKING	LIFE) 126. KIND (INDUSTRY	OF BUSINESS C
35	USUA 13a S ME	L RESIDENCE (IF NUR TATE Tryland	13b FOUR	OTHER INSTITUTION NTY	Bladenst	e admissioni ourg	13d. INSIDE CITY LIMITS?	14305 574	h Ave.	Apt.3	
40	14 FA	Philip		MODIE	Quinh		Esther	M.		Schwab	le le
1	16a W	AS DECEASED EVER		MED FORCES?	578-24-2		Catheryn Qu	Dra.	e as #:	13e	
or ather tro		Conditions, if ony gove rise to im- couse (a), static underlying couse	mediate ng the	DUE TO, O	OR MICONSEQUI	FICE DE	0	1	1	2	
iny injury,	ATION	PART 2 OTHER SIG	NIFICANT				NOT RELATED TO THE TER	MINAL DISEASE OR C	20b. IF Y	ES, WERE FIND	INGS USED
shaws any injury,	ENTIFICATION	190 DATE OF OPERA	NIFICANT	196 COND	DITION FOR WHICH		N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	ES, WERE FIND TIFYING CAUSE YES []	INGS USED S OF DEATH?
m it shows any injury,	TIFIC	210, ACCIDENT WAS UN	NIFICANT ( ITION  DERLYING CAUSE OF DEA	19b COND	DE INJURY .M. MONTH D.	OPERATIO		200 AUTOPSY?	20b. IF Y	ES, WERE FIND TIFYING CAUSE YES []	INGS USED S OF DEATH?
ked ar frem in shaws any injury,	CAL	190 DATE OF OPERA  210, ACCIDENT WAS UN OR CONTRIBUTING [] (IF ETHER, NOTIFY MEDIC	NIFICANT ( TION  DERLYING CAUSE OF DEAL EXAMINER)	21b. TIME C HOUR A P 21e PLACE	DITION FOR WHICH	AY YEAR	N WAS PERFORMED	200 AUTOPSY? YES NO[	20b. IF Y	ES, WERE FIND TIFYING CAUSE YES []	INGS USED S OF DEATH?
m 21 is marked or liter 11 shows ony injury.	MEDICAL	190 DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING [ (IF EITHER, NOTIFY MEDIC	TION  DERLYING CAUSE OF DEAL EXAMINER)	21b. TIME C HOUR A P 21e PLACE (AT HOME, ST	DE INJURY  M. MONTH D.  M. MOTH D.  OF INJURY  REET, FACTORY, OFFICE, I	AY YEAR 19 FARM, ETC.]	21c. HOW INJURY OCCU	200 AUTOPSY? YES NO CITYO	20b. IF Y IN CERT	ES, WERE FIND TIFYING CAUSE YES  3, PART 1 OR PART 21  COUNTY  19  19	INGS USED SOF DEATH? NO STATE , that (I) (we) I e causes stated
ANT I hem 21 is marked or him 11 shows ony injury.	MEDICAL	190 DATE OF OPERA  210, ACCIDENT WAS UN OR CONTRIBUTING [ (IF EITHER, NOTIFY MEDIC  210 NURY OCCUR  211 NURY OCCUR  212 I CONTRIBUTING III	DERLYING CAUSE OF DE- CAUSE OF	21b. TIME C TH HOUR A P 21e PLACE (AT HOME. ST	DE INJURY  M. MONTH D.  M. MOTH D.  OF INJURY  REET, FACTORY, OFFICE, I	AY YEAR 19 FARM, ETC.]	211. LOCATION STREET  211 LOCATION STREET  19 and that in (my) (our) opinion DEGREE  WD ATTENDING PHYSICIAN	Z00 AUTOPSY?  YES NO CITY O  CITY O  MEDICAL MEDICAL	20b. IF Y IN CERT IN JURY IN ITEM 18 R TOWN  ACCOUNTS TO date and he	ES, WERE FIND TIFYING CAUSE YES  3, PART 1 OR PART 21  COUNTY  19  19	INGS USED S OF DEATH? NO STATE , that (I) (we) I
MFORTANT I from 21 is marked on from 15 shows ony injury.	MEDICAL	210. ACCIDENT WAS UN OR CONTRIBUTING [	DERLYING CAUSE OF DEAL EXAMINER; This hospind allow on did it did no	21b. TIME C HOUR A P 21c PLACE (AT HOME. ST	OF INJURY  .M. MONTH D.  OF INJURY REET, FACTORY, OFFICE, I	AY YEAR 19 FARM, ETC.]	211. LOCATION STREET  211. LOCATION STREET  19  nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY?  YES NO NO CITYO  CITYO  A MEDICAL PH  MEDICAL PH	20b. IF Y IN CERT IN JURY IN ITEM 18 R TOWN  ACCOUNTS TO date and he	ES, WERE FIND TIFYING CAUSE YES  3, PART 1 OR PART 21  COUNTY  19  19	INGS USED SOF DEATH? NO STATE , that (I) (we) I e causes stated
	WEDICAL	190 DATE OF OPERA  210, ACCIDENT WAS UN OR CONTRIBUTING [ (IF EITHER, NOTIFY MEDIC  210 NURY OCCUR  211 NURY OCCUR  212 I CONTRIBUTING III	DERLYING CAUSE OF DEAL EXAMINER; This hospind allow on did it did no	21b. TIME C HOUR A P 21c PLACE (AT HOME. ST	OF INJURY  .M. MONTH D.  OF INJURY REET, FACTORY, OFFICE, I	AY YEAR 19 FARM, ETC.]	211. LOCATION STREET  211. LOCATION STREET  19 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22. ADDRESS EMETERY OR CREMATOR: CEMETERY OR CREM	200 AUTOPSY?  YES NO CITYO  CITYO  MEDICAL  MEDICAL  PH  1236 LOCATION	20b. IF Y IN CERT INJURY IN ITEM 18 R TOWN  R TOWN  CONTROL  STAFF YSICIAN   UITLANCE  UITLANCE  UITLANCE  UITLANCE	COUNTY  19  22c. DATI  COUNTY  COUNTY  COUNTY	STATE  that (I) (we) I e causes stated E SIGNED  TO DESCRIPTION OF THE CONTROL OF

ATTENDING PHYSICIAM. The low

DHMH - 16 50M 7/77 (VR A 15 (4))

1-07-70 3.00			004100		
	-83 a, Turk			Oncono	- Lett
	PRINCE GOOD				70 .dde9
		JAT ( PROPIL :	idadad er sandau	B0/11/4	rb vac
C. A.	NAMES OF STREET AN	THE RES	l swampenia		
Jenvahls			me100		
Jer J	ne side:	and the property of	\$75.22.578	an inc	July Sury
Jane S	1 7/20	161	e Japanet . Setualati Metalata		
Jane S	10 40 40 40 40 40 40 40 40 40 40 40 40 40	naroun g (e) j			

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or ather traumotic event, the

IMPORTANT: If them 21 is morked or them 18 shaws any

TO HOSPITAL OR ATTEN

DHMH - 16 50M 7/77 (VR A 15 (4))

notif

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

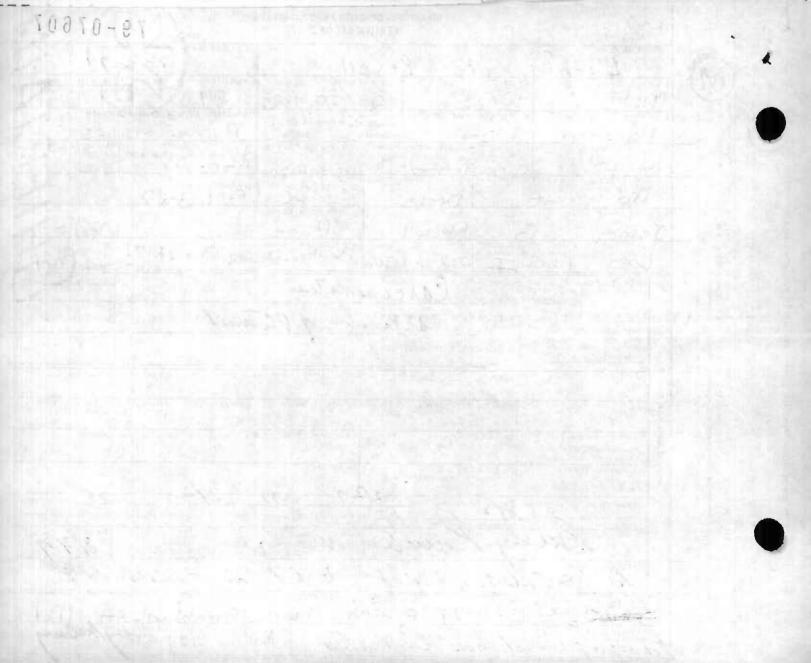
79-07606

	REGISTRAR				CEKTIF	ICATE OF DEATH		REG. NO				
	CEASED NAME	FIRST	,	AIDDLE	i.	AST	20 DATE OF	FDEATH M	HTMOA	DAY YEAR	26. HOU	UR
Time		GEORGE		E.	REE	D			3~	13-79	11.	30(AA)
3. SEX			I. RACE		5. DATE C	F BIRTH	& AGE (INY	EARS LAST BIRTH	DAY)	IF UNDER 1 YEAR		
M	ale		White		MONTH 8-2	24-1897 YEAR	145	81	YRS.	MONTHS DAYS	HOURS	MIN.
7a BIR	THPLACE STATE OR	FOREIGN 7		WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMO	RE CITY OR		Y OF DEATH		
	ash. D.	c.	U.S.A		WIDOWE	_	PRIN	ICE GEO	ORGE '	S COUNT	Y	MD.
	Y OR TOWN OF DE		1. NAME OF			OR OTHER INSTITUTION	12a USUAL	OCCUPATION FOR MOST OF	N	126. KIND (	OF BUSIN	ESS OR
	EVERLY			GEORGE!		HOSPITAL	Ret.	Cab	Dri	ver	Cab	
USUA 13a. ST	L RESIDENCE (IF NUI	I 13b COUNT		13c. CITY OR TOV	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET	ADDRESS				
	Md.	Pr.	Geo.	Rivero	lale	YES NO D	6237	- 64	th .	Avenue		
14 FAT	THER'S NAME		IDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	MIODŁE		V-9	.ST	
	Charl		50.5000550	Reed		Armitage		ADDRES		Evans 4-Duke	C.L.	
	AS DECEASED EVE ES, NO OR UNKNOWN)		WAR OR DATES)	166 SOCIAL SEC		17 INFORMANT						
Y	es		?	579-28-	-2396	Mary P. Su	LLiva	n C	OIT	ege Pa		
	18 CAUSE OF DEA	TH Enter only	ane couse per	line for (a), (b), o	nd tc						NIMATE INTE	
	PART I. DEATH		CAUSE (a)	y gran	real	Im seach	C L-	Luky	-una	c wa	nth	3
	SAAA		DUETO	DAS A CONSEQU	IENICE OF	3		2 1				
	8000		DUE TO, O	R AS A CONSEOL	JENCE OF							
	Canditians, if an		(b)									
	couse (a), stat	ing the	DUE TO, O	R AS A CONSEOU	JENCE OF					4.3		
	underlying cous	ie last.	(c)								1000	
	PART 2 OTHER SIC	INIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E OR COND	ITION GI	IVEN IN PART 1	(a)	
NO N												
1 A	190 DATE OF OPER	ATION	196. COND	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTO	OPSY?	20h IF YE	S, WERE FINDS	NGS USE	D
CERTIFICATION			130				YES 🗌	NO		ES [	NO [	
18	21a. ACCIDENT WAS UN	NDERLYING	216. TIME O		WE LD	21c HOW INJURY OCCUR	RED (ENTER NA	ATURE OF INJURY	IN ITEM 18.	PART 1 OR PART 2)		
AL AL	OR CONTRIBUTING		HOUR A.	M. MONTH [	19							
MEDICAL	21d. INJURY OCCU		21e PLACE	OF INJURY		21f LOCATION				COUNTY		
	WHILE NOT NOT AT WORK	WHILE D	(AT HOME, STE	REET, FACTORY, OFFICE	, FARM, ETC.)	SIMEEL		CITY OR TOWN	N	COUNTY	5	STATE
1 1	220.1 certify that (		al) attended th	e deceased from	2 -	28- 1079	to	3-13	-	1979	, that (1) (	(we) lost
	sow the decen	sed alive nn	3-13	19	m d'a	nd that in (my) (our) opinion	death accurre	ed on the dat	te and ho	our and from the	causes st	tated
	abave, (1) (we) 22b. SIGNATURE	(did) (did nat	view the bady	atter death.		DEGREE				22c. DATI	ESIGNED	
	-	~~	· Ban	Sw. 3	5	ATTENDING PHYSICIAN	MEDICAL	STAFI	F IAN 🔲	3.	-13-	19
1 1	22d PHYSICIAN'S	AME (TYPE OR	PRINT)	9		220 ADDRESS	2 mc	BILLI	30	LAVR	EL.	li M
	WV.	HWOOD	DATTB	14 Bb	116	2420 400		-		1 1	747	
23a. Bi	URIAL, CREMATION	I. REMOVAL	23b. DATE	23¢.	NAME OF C	EMETERY OR CREMATORY	23d. LOC	ATION		COUNTY	5	TATE
	rial		3-15-	79 F	t. Li	ncoln Cem.	Bre	entwoo	bd	Pr. Geo	. Me	d.
	INERAL DIRECTOR					25g DAT	MACD BY	REGISTRAR 2	Sb. REGIS	MAR'S SIGNA	TURE	
Na	alley's	F.H.I	nc.	Mt . Ra	inier	, Md.	MINU S	0 19/		rotory!	rache	ody

MAN

79-07606	MICHAEL POTAET Traving Pro-18 Sept. Table 1997 Alexand Stabilitati			
	GES.	3661		A govern
		anting L		
PRODUCE COOKETS COUNT				
The last the contract of the c	SATTSOCK SHOULD STRAIGH	3,41159	C/EVERLY	
		0		
1 1 mon Oction For the				
Grand Control				
M. P. Sarra S. M. Sarras M.		6		1
. T Tall.e. Trimskings				
WELLS FIRST STATE OF STAM	the production is	E. B. Tage	The Park	

X		1				STATE OF MARYLAND		
6			1 -	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 7 (	9-07607
				REGISTRAR	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	
1.	1	1	(TYPE	OR PRINT)	MIDDLE	)	Tel Divise Of Dentil	DAY YEAR 26 HOUR
0 10	TO A	1		Luthe	1.000	evell	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 4 10	CA.	/	3 SEX	rale	white	5. DATE OF BIRTH  MONTH  DAY  YEAR  1895		MONTHS DAYS HOURS MIN
	50	-		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
	12 4	13	y	localand	USA	WIDOWED DIVORCED	Prince Geo	1985 MD.
1	## B	0,1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIF	120. KIND OF BUSINESS OR
50	by th		7	argo	Care Magar	Nursing Home.	AACounty	Gou
212 houn	, e = .	200	USU/ 13a. S		DROTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e STREET ADDRESS	
MARYLAND 2	ly filled should b			Ind At	Deale	YES NO	RIE GOX ?	
CYL)	2 6	0.	14. FA	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	LAST
MA S	du C	10	5	omes (	B Revel	Alice		Dove
RE,	les 1			(AS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SECTIVE WAR OR DATES)		ADDRESS ATT	
BALTIMORE,			(			6962 Bertha Re	vell box 11 KA	rale mal
ALT	physicio npopers- movol			18 CAUSE OF DEATH (Enter o	only one cause per line for . Ib', ar	idici.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., B	physica n pope	, , , , , , , , , , , , , , , , , , , ,		PART I. DEATH WAS CAUSI	ED BY ATE CAUSE (0)	cenomows		
N S				1519	DUE TO, OR AS A CONSEQU	FNCE OF 1 O	- /	
PRESTON he deoth o	ottendin nove corb otion, or i			Conditions, if ony, which	( (b)	cenama of the	mach	
	the o			gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
¥ tot	by by 1, cr			underlying cause last.	(c)			
, 201 res the	0 0 =			PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART I(a)
DIVISION OF VITAL RECORDS,	cFT.	, deplu	FICATION					
ECO %		0	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YING CAUSES OF DEATH?
AL R	cote hos ronsit per Hygiene	9	TIE					s   NO
ZIV Z	hysicio icote ronsit Hygie	6	CERTI	21a ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE			RED (ENTER NATURE OF INJURY IN ITEM 18, P	ART † OR PART 2}
90	certificat		CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	AIR.	19		A CONTRACTOR
SION	M M	5	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM. ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
N 07	offer the os the thought ond	no in the contract of the cont	1	WHILE NOT WHILE AT WORK		1/20 00	7/2	
	OR: A	E S			pital) adequed the deceased from.	76	, to	19, that (I) (We) last
	T to c	7		sow the deceased give or above, (1) (we) (did not	n 19.	, and that in (my) (our) opinion	death occurred on the date and hou	
N. C.	. 550	E E		22b. SIGNATURE	Mrs Kale	DEGREE	ASDIGN. STAFF	22c. DATE SIGNED
	y the hos			My	Court	Martending PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	0197
HOSPII	retoined by the TO FUNERAL E should be deto with the Stote	March 1		22d. PHYSICIAN'S NAME (TYPE	Norsing M	1) 22e ADDRESS	I AndoVano	pd.
5	in Fra	3	23a E	URIAL, PREMATION, REMOVA	L 236 DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY OG STATE
	BP	- 33	干	SPECIFY) Gral	3-5-79 F	riendship Church	friendships	AA Md
	H - 16 50M 7/77		24.54	NERAL DIRECTOR	0 77 ADDRESS	7 50 250. DA	TE REC'D, BY REGISTRAR 251 REGIST	they SXXXX Cready
(	VR A 15 (4))		16	uschfune	ral Home th	wings held	T ~ 101.0	



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer that the properties of the hospital or attending physician.	should be detached for use as the buriol-transit permit. Then please remove corbonings. Pages 1 and 2 should be filed with the formal many of the burion permit of the brain of the burion of the buri
--	--

injury, or other troumotic event, the medicol exominitury, or other troumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows ony

FUNERAL HOME, WALDORF,

STATE OF MARYLAND

1 -	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG		79-07	608	
	CEASED NAME FIRST	EDWARD	ι	AST .	REG. NO 20 DATE OF DEATH		26 HOUR	
(TYPE	CHARLE	ES EDWARD	RICHAR	RDS	03-1	7-79	7:05AM	
3. SE	x	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH			
	Male	Cau.	NOV	.16,1918	60	YRS MONTHS DAYS	HOURS MIN.	
7a BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMORE CITY OF		R. E. S.	
	Maryland	U.S.A.	WIDOWE	D DIVORCED	PRINCE GE	ORGES	MD.	
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		OF BUSINESS OR	
	HEVERLY	PRINCE GEORGES		RAL HOSPITAL	Mechanic	Board	of Ed.	
130. 5	STATE 136 COU		WN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS			
	aryland   P.G	. Qhelten	ham	YES NO	P.O. BO	OX 54		
14 FA	THER'S NAME	MIDDLE		15. MOTHER'S MAIDEN NAM	WIDDIE		AST	
11 - 11	William VAS DECEASED EVER IN U.S. AR	Richards		Mary 17 INFORMANT	ADDRES	King		
		E WAR OR DATES)		Mrs. Marjo			no no 12	
				MIS. Maijo	TIE A. RI		NE AS 13	
	PART I. DEATH WAS CAUSE		1//	the 11	11111	BETWEEN	ONSET AND DEATH	
	IMMEDIA	TE CAUSE (III)	ur	7 190	ruce			
13	Conditions, if ony, which	DUE TO, OR AS A CONSEQU	UENCE OF	NTA				
13	gove rise to immediate couse (a), stating the	(b)	) (b) W					
-33	underlying couse lost	DUE TO, OR AS A CONSEQU	THING OF					
17	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 1	(a)	
NO O								
MEDICAL CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED	
TIF					YES NO	YES	NO 🗆	
CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216 TIME OF INJURY	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	(IN ITEM 18, PART 1 OR PART 2)		
CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19		21-11		-	
AEDI	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	. FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	N COUNTY	STATE	
1	AT WORK NOT HILE AT WORK			,	2/0	79		
	27a.1 certify that III this baco	tall attended the deceased from	161	nd that in (my) (our) opinion of	, todeoth occurred on the do	te and hour and from th	thou (II) (we) lost e couses stoted	
	The GOLDAN	h Daw	- 1AC	ATTENDING PHYSICIAN IS	MEDICAL STAF		SIGNED	
	22d. PHYSICIAN'S NAME (TYPE	Treat:	NA	22e ADDRESS	- DIRECTOR [ PHYSICI	IANU 101		
	Lewis Denn	is, M.D.		Silver Spr	ing, Mary	land		
23a E	BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		STATE	
. (	Burial		t. Ca	rmel Cem.	Upper Mai	rlbero. P		
24 F	UNERAL DIRECTOR	ADDRESS				Sh. REGISTRAR'S STANL		
H	UNTT FUNERAL	HOME, WALDOR	F. MA	RYLAND MA	1K 6 2 13/3	//		

MARYLAN D

DHMH - 16 50M 7/77 (VR A 15 (4))

the fat and end come the farmed are serious that there are the come

ETH BE MONTH THE PROPERTY OF THE PROPERTY OF THE PARTY OF

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED IS DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 10/30/92 86 TRS. DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Arkansas NEVER MARRIED USA WIDOWED XX DIVORCED TY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OT IN SUCH FACTURY, GIVE STREET ADDRESS Retired USUAL RESIDENCE LIFTING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Maryland 13 CITY OR TOWN 113b. COUNTY 13d. INSIDE CITY LIMITS? 9907 Campus Way Largo YES [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST LAST Patsy Washington George Washington 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO 17. INFORMANT I (IF YES, GIVE WAR OR DATES) 378 16 4773 Mrs. Patricia Jones-Grandaughter no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), eleste Corder Va sculor & isees PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Candifians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a OF HEALTH USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES | NO [ BE PRIOR TO BURL 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH P.M. 19 714. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN COUNTY GE 4 SHOULD BE FORN FUNERAL DIRECTOR: PTER DEATH, WITH THE SILTIMORE, MARYLAND, 21 220. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted fram-Natural causes Accident Hamicide Suicide Undetermined manner (TYPE OR PRINT) PAGE AFTE BALT 230. BURIAL, CREMATION, DEMOVAL Detroit Memorial Par Burial BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** Road, NEWAK (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND

0 0 10 - 6 36 38-201 Charles and the second second second The second secon MARKET STATE OF THE PROPERTY AND AND STATE OF THE STATE O

Rd., Suitland, Md.

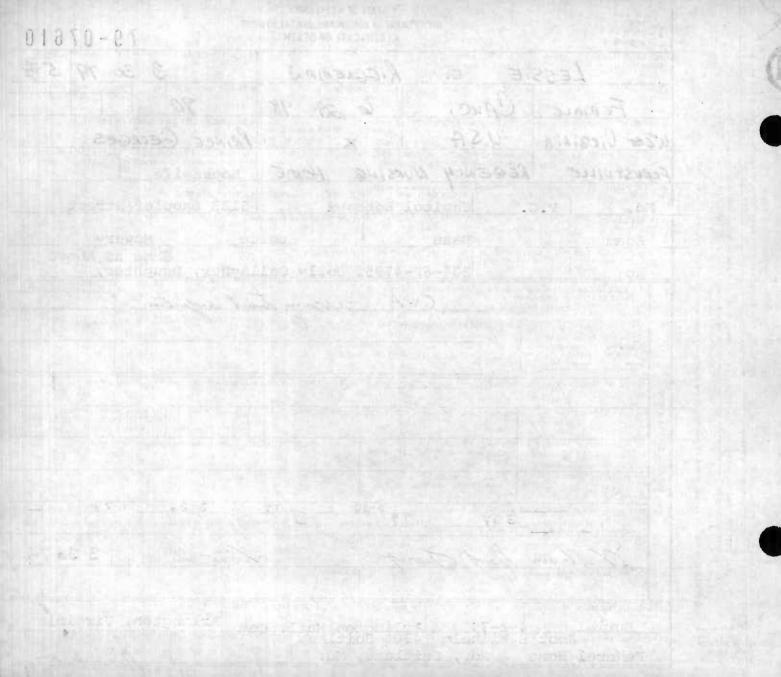
FOR

(VR A 15 (4))

Funeral Home

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Howard DEATH MATED 4. RACE 6. AGE (IN YEARS 5. DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED DEAD 9. BALTIMORE CITY OF COUNTY OF DEATH NEVER MARRIED WIDOWED DIVORCED OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) (DE)COUNTY YES L 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST Edward Robinson Josephine Unk. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 039-01-6809 Mable Robinson/wife/same as 13e CAUSE OF DEATH (Enter only one cause p The far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) RECORDS, CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF YES NO . DEPARTMENT BURI 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **DIVISION OF** HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21e PLACE OF INJURY (AT HOME, If. LOCATION STREET, FACTORY, FARM, ETC. STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted fram: Natural causes Suicide Hamicide Undetermined manner ITLE (SPECIFY) TO MEDICAL E
EXECUTE THE C
PAGE 4. SHOU
TO FUNERAL D
AFTER DEATH, A
BALTIMORE, MA Deputy MEDICAL EXAMINER 12800 Willow Wind Circle, Oxon Hill Mg Augusto P. Rodriguez.M.D EXAMINER'S NAME TYPE OR PRINT ADDRESS 230 BURIAL CREMATION REMOVAL 236, DATE 23d. LOCATION 236, NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial 3-14-79 Maryland Nat. Mem. Laurel 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** John T. Rhines Co., 30°T55 12th St., N.E., D. C Listry Malready (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

## STATE OF MARYLAND

DEPARTMENT OF HEALTH A

IND MENTAL HYGIENE OF DEATH	REG. NO. 7	9	-	0	7	6	1	-
10.0	. 7- 0					-		-

9	FOR STATE	DEPARTA		EALTH AND MENTAL HYG	IENE	79-0	7613
9	REGISTRAR  1. DECEASED NAME FIRST	MIDDLE		AST	REG. NO		121 110112
	(TYPE OR PRINT) Minni			Rogers		rch 11,197	19 8 • 25 M
1	3. SEX	4. RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTH		AR IF UNDER 24 HRS.
1	Female	Caucasian	Jan		52	YRS MONTHS DAY	S HOURS MIN
J	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY OF	R COUNTY OF DEATH	DOWN PARK
Э	West Virginia	USA	WIDOWE		Prince G	eorge	MD.
	ID CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)		120 USUAL OCCUPATIO	WORKING LIFET INDUSTR	
ě	Camp Springs USUAL RESIDENCE (# NURSING HOME OF	5602 Kenwood		et	Editor-Ce	nsus US	Gov't
P	13a. STATE 13b. COUN	VITY 13c. CITY OR TOW	N ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
2	Maryland   Pr	Geo Camp Sr	ngs	YES NO	5602 Ken	wood Stre	et
	14 FATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST
4	John	Spearer		Effie		Cott	le
		MED FORCES? 166 SOCIAL SECU E WAR OR DATES)		17. INFORMANT	ADDRES	Same as	#13
	No	232 32	2296	William A.	Rogers,	Jr. (spou	SE)  OXIMATE INTERVAL IN ONSET AND DEATH
STATE OF THE PARTY	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE  TO THE TO THE TO	ENCE OF Casta	tem	ral Nervo		l(o:
	190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUS	DINGS USED
	RIIF	L DELMAN EN	Dill 20		YES NO	YES 🗌	NO 🗆
	00 0001201012010 00000	HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	Y IN ITEM 18, PART 1 OR PART 2	
	OR CONTINEUTING CAUSE OF BEAUTY  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
	22a.1 certify that (1) (this hasping sow the deceased alive on	tol) ottended the deceased from	3-1' 79 <sub></sub>	7 , 19 78 and that in (my) (our) opinion o	to 2-26 death occurred on the da	19 <mark>79</mark> Ite and hour and fram the	, that (I) (we) last he causes stated
	7 Labert J.	report,	чи. 1		MEDICAL STAF		TE SIGNED
-	224 PHYSICIAN'S NAME (TYPE	emph.		22e ADDRESS	BRIES STEEL		
	Hubert J. A	Alpert, M.D.		8630 Fento	n Street,	Silver S	-pr. Md.
	230 BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		
1	Burial	13Mar1979 Ce	dar	Hill Compte	, Suitla	PG	Md
	24 FUNERAL DIRECTOR NAME ROBERT E.	. Wilhelm ADDRESS		156. DATE	REC'D. BY REGISTRAN	Sh. RECOTRAR'S SIGN	ATURE
	Funeral F		uitl	and, Md MA	AR 16 1979	perfora M	acressly "

DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by should be detached for use as the buriol-transi permit. Then please remove carbonapaers. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene priar to buriol, cremation, or removal.

MAPORTANT: If them 21 is marked or them 18 shows any injury, as other traumatic event, the medical examiner must be many.

medical examiner must be

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

07616

3	1-	STATE REGISTRAR			CERTIF	ICATE OF DEATH	RE	G. NO.	9 - 0	1 0	1 4	
ı		CEASED NAME FIRST	A	AIDDLE	L	AST	20. DATE OF DEA	HINOM HI	DAY	YEAR	26 HOU	R P
	(TIPE	HERBERT		E	RO	LLINS		03	20	79	1:45	M
	3 SEX	MALE	WHITE		5 DATE C	FEB. 9 1913	6. AGE (IN YEARS LA	ST BIRTHDAY]	MONTH	DER 1 YEAR	IF UNDER	24 HRS MIN
3	CC	RTHPLACE (STATE OR FOREIGN DUNTRY) VIRGINIA	U. S		MARRIE	MARRIED NEVER MARRIED PRINCE GEORGE'S						MD.
4	CI	TY OR TOWN OF DEATH	PRINCE (	FACILITY, GIVE STREE	GENER	NG HOME OR OTHER INSTITUTION 17 ADDRESS 1  GENERAL HOSPITAL 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF TRUCK DRIVE				DUSTRY	AY FO	
E	USUAL RESIDENCE (IF NURSING/OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  MARYLAND  PRINCE GEORGE (ITOXED)  13d. IN DECITY LIMITS?  YES									er		
edi	)4 FA	THER'S NAME HER BERT	Paul	Rollins	3	Martha	Eľi	Žabe th			rry	
1		Was deceased ever in u.s. armed forces? 166 social security no. 17 informant 5708 Beech No 167 No 17 Informant Joan M. Rollins Tuxedo, Ma									MATE INTER	
	CERTIFICATION	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT (	DUE TOO	ONTRIBUTING TO	LYELOGO DEATH BUT	Refourer NOT RELATED TO THE TERM	TULLOS AINAL DISEASE OR 200. AUTOPSY	?   20b. IF	YES, WEI	REFINDIN	NGS USE	1
	ERTIFIC	710. ACCIDENT WAS UNDERLYING	21b. TIME O	E IN II IDV		71c. HOW INJURY OCCUR	YES NO		RTIFYING		NO [	
	MEDICAL CE	716. ACCIDENT WAS UNDERSTRING OR CONTRIBUTING ON CAUSE OF DE.  (IF EITHER, NOTEY MEDICAL EXAMINER.  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  276.1 certify that (1) (this hosp saw the deceased alive of obove. (1) (we) Leid of did and obove.	21e. PLACE (AT HOME, STI	M. MONTH [ M.  OF INJURY REET, FACTORY, OFFICE  e deceased from  19	, FARM, ETC.)	21f. LOCATION STREET  21f. LOCATION (my) (aur) opinion	CITY	OR TOWN		DUNTY	that (1) (	
		22b. SIGNATUR	alew	offer death.		DEGREE  ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [		3.	SIGNED .	19
		OHANNES SAF		M.D. /		6001 LANDOVE	ER RD., CI	HEVERL'	Y, MD	).		
	23a. B	BURIAL, CREMATION, REMOVAL SPECIFY Burial	23b. DATE 3/23		edar H	EMETERY OR CREMATORY		and Pr.				yland
	24. Ft	uneral director George P. Kalas	Funera	1 Home 0	160 Ox xon Hi	on Hill He DAI	MAR 271	TRAR 256. REC	GISTRAR'S	SIGNA	NE GLA	dy

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

05 20 79 1145	P POLLINS		
39	TE	I.S.	STEE
PRINCE SEONGE'S COUNTY	Total Transfer on the	. Z	ADITORIA
THEOR DESTRUCTION HIS SELECTION OF THE S			
man Madeals			18:23:6
Line Courte, North and	iol . mot 1889-00-00		
	Superior State - Additional		
	The Late Control		
	Service Piles regulated as used.		

OWNES SAFKIAS, M.D. GOOT LAKEOVER RD., CHEVERLY ND.

The man will be seen that the seen of the

record to double the property that caled prices;

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN 7b. HOUR MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED LeRena 1419 Barbara Ross 2d. HOUR DATE OF BIRTH 6 AGE (IN YEARS ! IF UNDER 1 YR. SEX IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 7:46A DEAD FEMALE Black. 16 78 3 mosYRS 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X FOREIGN COUNTRY) WIDOWED DIVORCED Prince George's Countwo Washington, D.C. 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE! LIE NOT IN SUCH FACILITY GIVE STREET ADDRESS! Prince George's General Hospital Cheverly Infant USUAL RESIDENCE LIFTIN NUTTING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 1134 INSIDE CITY LIMITS? 13e. STREET ADDRESS HILL COUNTY 13c. CITY OR TOWN 13a STATE 2102 E. Marlboro Ave. Apt. 203 Landover YES X NO Co. Md 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST Walker Ross Barbara Leonard DIVISION OF 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO 17 INFORMANT ADDRESS VITH FC (YES, NO. OR UNKNOWN) None Leonard Ross 2102 E. Marlboro Ave. No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Sudden Infant Death Syndrome IMMEDIATE CAUSE (o)-DUF TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last SED AS A BUR HEALTH AND CREMATION, O PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19ª DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE CONTROL OF INDEXTOR TO BURIAL, O YES TY NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 21201 Autapsy XX and in my ppinion 22a I certify that I took Inspection OR Homicide Undetermined manner death resulted fro DIRECT TO MEDICA.

EXECUTE THE PAGE 4 SHOUL

TO FUNERAL DIM

AFTER DEATH, W'

BALTMORE, M' TITLE (SPECIFY) **ACTUAL** DATE SIGNED 3/14/79 M.D. Deputy Chiefpical ExaminER SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn St. Thomas D. Smith, M.D. Balto., MD. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE COUNTY STATE Burial 3/20/79 Arlington Cemetery Arlington Va. DATE REC'D. BY REGISTRAR 256. RECISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR MAK 20 1979 (VR A15 ME (5)) H/R Hines/Rinaldi 11800 New Hampshire Ave.SS 15M 7/76

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the busial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic

medical examiner must be notified of once.

11		ST
IX	FOR	DEPARTMENT O

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	9	_	0	7	6	1	6
---	---	---	---	---	---	---	---

		REGISTRAR			CERTII	ICAIL OI DEATH		REG. NO				
		CEASED NAME FIRST	/	MIDDLE	Ł.	AST	2	. DATE OF DEATH M	ONTH	DAY YEAR	26 HOUR	
	(TYPE)	ORPRINT)	DSE	ROSS			100		03-1	12-79	11:30	P
	3. SEX	(	4 RACE	MILE PROPERTY OF	5 DATE C			AGE IN YEARS LAST BIRTHE	(YAC	IF UNDER 1 YEAR	IF UNDER 24	HRS
		F		R	MONTH 1		27	52	YRS	MONTHS DAYS	HOURS N	WIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9	BALTIMORE CITY OR		OFDEATH		
2	cc	OUNTRY)	U.S.	٨		DIVORCED		PRINCE GE	ORGE	¹S		
7 4	10 CI	TY OR TOWN OF DEATH			RSING HOME OR OTHER INSTITUTION			20 USUAL OCCUPATIO	F BUSINESS	MD.		
Z	27	CHEVERLY	PD TNCE	GEORGE S	GENEI	RAL HOSPTIA		TYPE OF WORK FOR MOST OF				
-	USUA	AL RESIDENCE (IF HURSING HOME OF	المراجعة المراجعة المراجعة			OL 11031 117	-	Retired		neu.	rred	
3	13a S	STATE 136 COUR	1TY	13c. CITY OR TOWN	٧ .	134 INSIDE CITY LIMI		6. STREET ADDRESS	0+			
4	_	VIG. P.	i. (	hapel 0	aks	YES NO L		1204 Nye	St.			
1	III FA	THER'S NAME FIRST	MIDDLE	LAST		FIRST	FIA IAMME	MIDDLE		LAS	r	
	-	James		Lee		Vester	1	ADDRES		Moon		
1		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	166 SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDRES	5			
	1	VI O		579-22-	0350	Donna Ro	oss-	3202 Reed	l St/	- 1		
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	ly one couse per	fine for (a), (b), and	1911		-	ABOVE THE REAL		BETWEEN	MATE INTERVA	ATH
			E CAUSE (0)	mexas	agua	· Carcu	non	na.		1 h	routh	
Ü	101	1629	DUE TO O	R AS A CONSEQUE	NCE OF	- 6				1 , .	C	10
Н	-	Conditions, if any, which	( (b)_	Lift &	ung	carciu	suc	e,		1 n	roun	4-
		gave rise to immediate couse (a), stating the	DUETO	R AS A CONSEQUE	NCE OF							
	7.7	underlying couse lost.	(10)	N 70 7 CO. 102002		0.7720						
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	ETERMIN	AL DISEASE OR COND	ITION GIV	EN IN PART 10	)	
М	CERTIFICATION	sclabere,	melly	u								
9	CAT	190 DATE OF OPERATION		amore 7	OPERATION	N WAS PERFORMED	1193	20a AUTOPSY?		S, WERE FINDIN		?
yhe.	TIFE	3/479	-	yours.		- governey	PIE	YES NO	YE. YE		NO 🗌	
9	Ü	210. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OF	CCURRE	D JENTER NATURE OF INJURY	IN ITEM 18, P	PART ( OR PART 2)		
7	SAL	OR CONTRIBUTING CAUSE OF DE	P.		19							
Н	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ADAA ETC )	211. LOCATION STREET		CITY OR TOWN	4	COUNTY	STATE	F
	2	WHILE NOT WHILE AT WORK	TAT HOME, ST	REET, FACTORT, OFFICE, FA	ann, erc.)	1			7.			
		22a. I certify that () (this hosp				2/25 19	75	, to	3/12	1929	that (I) (we	Dost
		sow the deceased alive on above, (I) we)(did) (did no	t) Siew the hody	7/	77 . or	nd that in (my (our) or	pinion de	oth occurred on the dot	e and hou	or and from the	couses state	d
		226. SIGNATURE	0	one: debin.		DEGREE		/	THE	22c. DATE	GIGNED!	
	E)	· Saria	w X			ATTENDI PHYSICI	ING IN	MEDICAL STAFF DIRECTOR PHYSICI	AN	3/	13/7	9
1	70	224. PHYSICIAN'S NAME (TYPE		200		22e. ADDRESS	a C	eplal K	udd	follow	,	
		CESAK SI	RYAND	42.		l c	apri	Lol Keight	£ 20	rd, 200	77	
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR CREMAT	TORY	23d. LOCATION	1	50000	STATE	
	(5	SPECIFY) Burial	3-17	70	rmon		em.	Highland	i Pa	COUNTY	STATE	
	24 FL	UNERAL DIRECTOR	)-17					REC'D. BY REGISTRAR 2		RARSSIENAT	URE	
	H	S. WASHINGTON \$	SAK 40	125 BURRO	ueus F	THE N.E.	MAR	1 6 1979	tion	Tay Mal	worling	
	11.	O. DAMONING TON /	20.40	200	Commercial .					-	-	

DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the hospital or attending physician

TO HOSPITAL

12-,		and the sax	5	58(3)		
erismono so	1199				4	
egisae l						
100, 5765	\$081					
					in setuci	
State Visites	1850-Engineer	mod intra-sc-	200			
						H
	THE STATE OF THE S					

15M7/76

STATE OF MARYLAND

7 9 - 0 7 6 1 7

CAN-1810 Service Landston Control

injury, ar other traumotic event, th

IMPORTANT: If them 21 is morked or Item 18 shows ony

Inc

2

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-07618

	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND CERTIFICATE OF		REG. NO.	9-076	18			
	1. DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR	Zb. HOUR			
1	(TYPE OR PRINT) MC C	OY D.	ROUNDTREE		03-	18-79	4:25PM			
	3. SEX Male	Caucasian	5. DATE OF BIRTH	1915	AGE (IN YEARS LAST BIRTHDAY) 63 yrs.	F UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN			
2	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) N. Carolina	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER	NARRIED L	PRINCE GEORGE	INTY OF DEATH	MD.			
1	10 CITY OR TOWN OF DEATH  CHEVERLY	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE  PRINCE GEORGE	S HOSPITAL		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Ret Tract	or Trail				
5		or other institution, give residence before into the control of th	WN 138. INSIDE	NO 🗌	3701-Allis	Driver on St.	•			
0	TA FATHER'S NAME FIRST Dorsey	J. Roundt		r's maiden name first <b>fartha</b>	MIDDLE	Roundtre				
		VE WAR OR DATES!			ADDRESS					
ŝ	No	- 216-05	5-2395 Mar		ndtree - ab		ress-			
The state of the s	18. CAUSE OF DEATH (Enter only one couse per line for (0), (b), ond (c.)  PART I. DEATH WAS CAUSED BY:  (MMEDIATE CAUSE (0))  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
1	190 DATE OF OPERATION  2 - 4 - 78  210. ACCIDENT WAS UNDERLYING	CARCINOMA	CECUM WITH	I PERFORATI		FYES, WERE FINDING CAUSES				
	OR COLUMN TO CALLED OF DE	216. TIME OF INJURY HOUR A.M. MONTH	21c. HOW		D (ENTER NATURE OF INJURY IN ITEA					
	THE CONTINUE TO THE PROPERTY OF THE PROPERTY O	71e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211. LOCAT STREE		CITY OR TOWN	COUNTY	STATE			
	sow the deceased plive a above. (1) (me) did (did n	ortal) ottended the deceosed from in	29, and that in (m	, 19. <mark>78</mark> y) (our.) opinion de	, to <u>3 -18°</u> to th occurred on the date and	d hour and from the				
	Philliam	B. Jagan	DEGREE DE GREE	100.5	MEDICAL STAFF DIRECTOR PHYSICIAN	3-1	19-79.			
	THE PHYSICIAN'S NAME (TYPE		22e ADDRI							
	230 BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OF		23d. LOCATION CITY OR TOWN	COUNTY	STATE			
H	Burial		ashington	Tar maner		Pr.Geo.				
Ä	24 FUNERAL DIRECTOR Nal:	ley's F.H. ADDRESS	Mt.Rainier	250. DATE	REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNAT				

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

81910-6				
05-18-79 6525	#597¢	A. POUNE	YOU	
. 242.63	Fish is		ed Dag F	alo
YTALL STEER DELING	X			niicaeb.N
relled motoer fee	LAT	193011 2 1 308050°	3,489	YJS VEH C
701-Glison it.	20	Бесмиреня	.cun, all	
bord bridge	nzi dyi.n3t	gerdnaces		V-6:00
	(ASLH)			C
Smilling Pr. 300. Md.		nniaeth 97\ 101.35 .E.		

1/ VD	1			FMARYLAND		
3 K	FOR STATE		DEPARTMENT OF HEA			70 07010
	REGISTRAR		MEDICAL EXAMINER	S CERTIFICATE	OF DEATH REG.	Ng 9-0/619
	1. DECEASED NAME (TYPE OR PRINT)	Ma FIRST	MIDDLE	LAST	20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26 HOUR
20/20		bry rene	Tarrell Ki	WLEX	DEATH MATED	3-21 19 75 M
	3 SEX 1 9	ACE 5 DATE OF	DAY YEAR MAST RUTHDAY	FUNDER 1 YR IF UNDE	R 24 HRS. 2c. DATE	MONTH DAY YEAR IN HOUR
1 2 2 2 2	Famel W	Thile 10-		DATS HOOKS	DEAD	-7/ 1970/73M
A SESTINATION OF THE SESTION OF THE	To. BIRTHPLACE (STATE)	OR 75 CITIZEN	OF WHAT COUNTRY?	ARRIED NEVER MAR	RIED 9. BANTIMORE CITY	OR COUNTY OF DEATH
3 525 3460	Minn.	USA		OWED X DIVOR	- 1/1/2/2/1	(Jeorges MD.
THE SERVICE OF THE SE	10 CITY OR TOWN OF		OF HOSPITAL, NURSING HOME, OR SUCH FACILITY, GIVE STREET ADDRESS)	OTHER INSTITUTION	120 USUAL OCCUPATION (1	YPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
40 4 5 /T	Cheverly	Prin	ce Georges Hospi	tal	Homemaker	OK INDUSTRY
- CON 00 0 0	USUAL RESIDENCE (IF IN	NURSING HOME OR OTHER INSTITU	TION, GIVE RESIDENCE BEFORE ADMISSION)	1134 INCIDE CITY LIMITES		
SHOULD SH	Md.		rge College Park	YES X NO	13e. STREET ADDRESS 9226 Limest	one Place
AD. 2 N. 3 N. 3 N. 3 N. 3 N. 3 N. 3 N. 3 N. 3	14. FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIL		
5 5 m 2 7 7 (10 ml		Davis Farrell	LASI	Marga		White
AORE NORW		ER IN U.S. ARMED FORCES	? 166. SOCIAL SECURITY NO	17. INFORMANT	9226 Limesto	
BALTIN GRS AFT WITH F PAGE DIVISIO	No	(IF TES, GIVE WAR OR DATES)	391-10-6658	Betty Gol	le College Par	
M N N N N N N N N N N N N N N N N N N N	18 CAUSE OF DE	ATH (Enter only one cause		4 4	1/5	APPROXIMATE INTERVAL
N H W H	PARTIDEATH	I WAS CAUSED BY:	U feuoseles	u Candi	offer pulled	A I S CO BETWEEN ONSET AND DEATH
S S S S S S S S S S S S S S S S S S S	1429	2 DUET	O, OR AS A CONSEQUENCE OF	WOFL Pas.	chrakens	
# # # # # # # # # # # # # # # # # # #	Canditions,	if any, which to immediate (b)				
W. W	cause (a) stat	ting the under- DUE T	O, OR AS A CONSEQUENCE OF			
O NAME OF TAXABLE SO	lying cause lo	<u>ost.</u>				
DS. 39 COAL AND OAN	PART 2.01HER SIGNIFI	CANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINAL (	SEASE OR CONDITION GIVEN IN P	ART 1 (a).	
S MAGAZIA	3 star	who mill	their			
# 57 barb	19a. DATE OF OPI	ERATION 19b. C	ONDITION FOR WHICH OPERATIO	WAS PERFORMED?		20 AUTOPSY?
A 5699 44	Į į					YES NO
OF VITA	2To EXTERNAL C	7	ME OF INJURY	. HOW INJURY OCCURR	ED LENTER NATURE OF INJURY IN ITEM	
	UNDERLYING CONTRIBUTING	OR CAUSE OF DEATH	P.M. 19			
DIVISION OF VIT S CERTIFICATE STITING THE WO ROED TO THE R 3 SHOULD HE E DEPARTMEN PRIOR TO BUHH	CONTRIBUTING ( 21d. INJURY OCC WHILE	4701	LACE OF INJURY JATHOME, 21	LOCATION		
PIS CHIS CHIS CHIS CHIS CHIS CHIS CHIS CH		OT WHILE SING	ET, FACTORY, FARM, ETC.)	SIREET	CITY OR TOWN	COUNTY STATE
PI R: THIS TE, WRI DRWARD STATE 21201 F	22m Lagratify Ab	na Land, about a fabración	ins detribed above, held an A	ntopsy . Inspection		
INER ICAJ ITE ND.		om: A Natural squises	Accident Suicide			and in my apinian
EXAMINE CERTIFICA CERTIFICA DIRECTOR WITH THE	Gediii resolled ir	1	Suicide		Undetermined monner	
L EXA E CER OULD OULD H, WI	ACTUAL SIGNATURE	Xeyour.	X Vidyau	M.D. Deputy		DATE 3-77-79
ERA SE	-	//	' //	_m.p	MEDICAL EXAMINER	SIGNED
MAE CUTTO	EXAMINER'S NAM	A Augusto P.	Rodriguez, M.D.	12800 Wi	llow Wind Circ	le,0xon Hill,Md.
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNETH AFTER DEATH, B BALTIMORE, MA	23e BURIAL CREMATION		23c. NAME OF CEMETE	T D B RESS	23d. LOCATION CITY OR TOWN	
750 BP	Burial	Mar. 2	71 27 27		Eau Claire,	COUNTY STATE
DHMH - 17	24. FUNERAL DIRECTOR		Hampshire Ave.	250. DATE	REC'D. BY REGISTRAR 256. REC	GISTAR'S SIGNATURE
(VR A15 ME (5)) 15M 7/77	Hines/Rinal	di Funeral H		THE RESERVE	MAR 27 19/9	Entery / March
13/11///	TITIES / KILIA	or Luneral H	ome Sil. Soc	Mr1		

n signed by the ottending physicen and company. Then place in by the true from paper, from tanks a wealth to be true devide, cremotion, or removal.

STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-07620

	LDE	CEASED NAME FIRST	A IDDA				REG. INC				
		OP PRINTS	MIDDLE		AST		20. DATE OF DEATH		DAY YEAR		DUR
	.32	MAR JO	SIE B	24	FFOR	3		3-5	3-192	9 0	MADE
	3 SE	Х	RACE	5 DATE C			6 AGE (IN YEARS LAST BIRTH	IDAY}	IF UNDER I Y		DER 24 HRS
	1	Female	White	Jun		1892	86		MONTHS DA	YS HOUR	5 MIN
1	7a BI	IRTHPLACE STATE OR FOREIGN 1	Th CITIZEN OF WHAT COU		C 4	1032	9. BALTIMORE CITY OF	YRS	YOFDEATH		
58	C	OUNTRY)		MARRIE	D NEVER		AND THE RESERVE			100	
8 11		Mass.	USA	WIDOWE		NORCED X	Prince (				MD
200			(IF NOT IN SUCH FACILITY, GIV	E STREET ADDRESS)	OR OTHER INS	ITITUTION	TYPE OF WORK PERSON		IEF) INDUST	D OF BUS	INESS OR
5		shandale	CalenaDal		m,		Ket.	secr	etary		
2/17	USU/	AL RESIDENCE (IF NURSING HOME OF COUNTY			124 INISIDE	CITY LIMITS?	13e STREET ADDRESS				
8/		ash.D.C.		h.D.C.	YES X	NO []		h c	t.N.W		
000		ATHER'S NAME	, was			S MAIDEN NAM		11 3	C . IV . W	•	
<b>5</b> /()/		James Bigelor		ST		FIRST	WIDDLE			LAST	
-	14 - 14	VAS DECEASED EVER IN U.S. ARM			Ber	ta Ba	arnes				- 1
2	()	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	L SECURITY NO	17 INFORM	6508	Flander	r.H	yatts	.Md.	
-		No	213	44 4621	Mrs.	Rehre	y (Friend	U			
5		18 CAUSE OF DEATH Enter only	y ane cause per line far iai,	(b) and c		14 17 18			BETWE	POXIMATE IN	TERVAL ND DEATH
Ne la		PART I. DEATH WAS CAUSED	CAUSE (a)	nombre	.~~	odm3	lism		1	in	m
0		6181			1	odm3		- 0.			
E		Canditians, if any, which	DUE TO, OR AS A COM	A A IN P	2	in bean			m	Il an	1
		gave rise to immediate	16)	3.00		46 40 400			1	-	
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF					100		
5			(c)								
	7	PART 2. OTHER SIGNIFICANT CO	5 h h	G TO DEATH BUT			NAL DISEASE OR COND	ITION GI	VEN IN PART	lia	
	CERTIFICATION		multiple	leg	me	win					
6 /	CA	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?		S, WERE FIN		
de	TIE						YES NOW		ES 🗌	NO	_
0 /	GE	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18.	PART 1 OR PART	2)	
7	AL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONT	H DAY YEAR							
	MEDICA	21d INJURY OCCURRED	21e PLACE OF INJURY	19	211 LOCATI	ON		-			
2	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET		CITY OR TOW	4	COUNTY		STATE
		AT WORK AT WORK			7 6-		3 22		5 4		
2		22a.1 certify that (1) (this haspite saw the deceased alive an	all attended the deceased	70 C1	28-	19			19 79		
7 0		abave, (11 (we) (did) (did not)	view the bady after death			) (aur) apinian d	eath accurred an the da	te and ha	ur and fram	the causes	stated
<u> </u>		226. SIGNATURE	00		DEGREE				22c. DA	ATE SIGNE	D
		James	1. Turles.	M.D.		ATTENDING PHYSICIAN	MEDICAL STAF	AN			
7		224 PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRES	SS					
5 /		JAMES	W. WILLS		CL	ENND	ALE HOS	64.	CrEN	NDB	rE WD
	23n B	BURIAL, CREMATION, REMOVAL	23b. DATE	231 NAME OF C	EMETERY OR	CDEMATORY	23d. LOCATION				
		Burial	3/26/79	Cedar	H411	Comoto	ry Suitla	nd	PG	м	d.
		2	3/20/13	Cedal	11777	oeme Le	y burtia	HU	I.O		u.

DHMH - 16 60M 1/75 (VR A 15 (4))

etained by the hospital ar

BP.

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the buriol-transit permit. I with the State Dept. of Health and Mental Hygiene prior

Hines/Rinaldi F.H. 11800 N.H.Ave. S.S. Md.

5508 Flander Rr. Svacte . Md.



White Jone A 1892 A Prince deorge Ret. Secretary Wash.D.C. : Wash.D.C. : 315 17th Bt.K. ..

James Bigelow Barta Barnes 223 44 4520 Mgs. Rebrey (Friend)

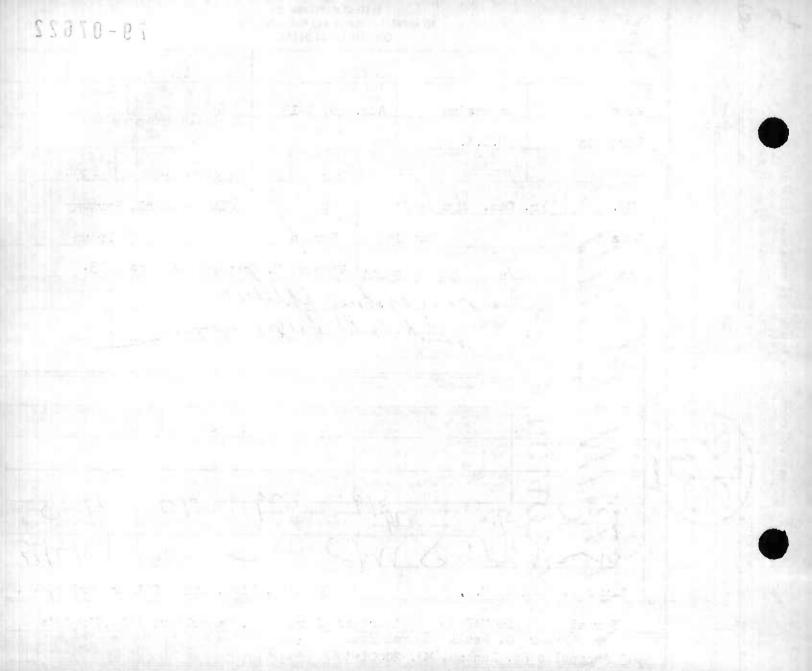
Burial - 2/25/79 Ceder Hill Canacary quitiend Edin Md.

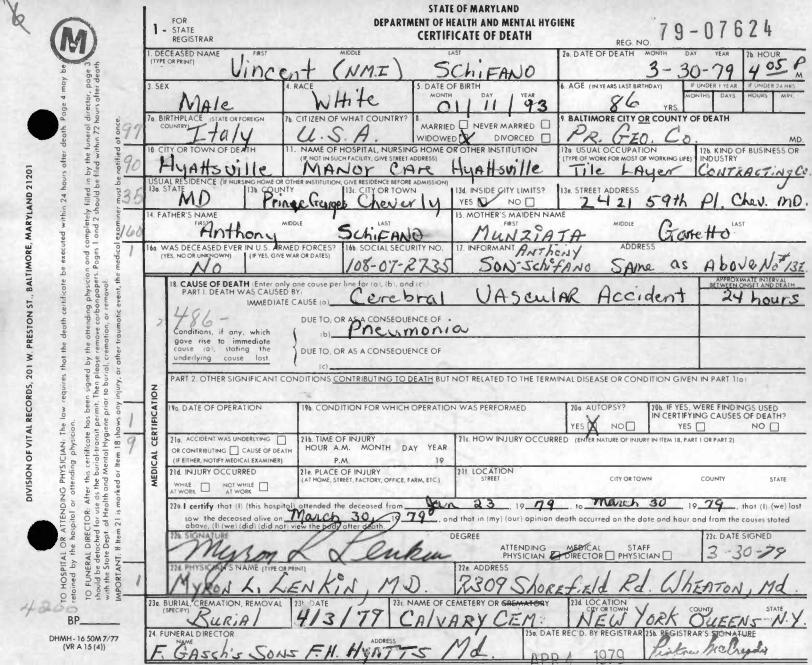
Mines/Mineself F.H. 11800 M.H.Ave. 5.5.8d.

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN F OF DEATH MATED FOR YOUR FILES WITHIN 72 HOURS PRESTON STREET AGE (IN YEARS IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR PRONOUNCED DEAD To. BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY! TO THE PAGE 5 FALED, W. P. 301 W. P. WIDOWED DIVORCED New York 126 KIND OF BUSINESS 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY ales "anager Cheverly Canada Dry Pro Georges Hospital RECORDS, JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET AD 21201 YES [\*] VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME C A PM MIDDLE LAST MIDDLE AND OF VIT Mary Scott Hyland William 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS DIVISION William S Sandilands PAGES 577 12 1014 Dallas Texas Yes 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Perotic cardio varaulers PART I DEATH WAS CAUSED BY: OR REMOVAL IMMEDIATE CAUSE (d DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Conditions, if any, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 301 W. couse (o) stating the underlying couse last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 4 CERTIFICATION 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF YES 🔲 NO . 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 19 71d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION AT WORK AT WO STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a. I certify that I taak charge of the remains described above, held an Autopsy and in my opinion Inspection Inquiry Accident Suicide Homicide \_\_\_ Undetermined monner death resulted from: Natural coures TO MEDICAL EXECUTE THE C PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTIMORE, MA (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Ft Lincoln Cemetery Burial Mar 19, 1979 Brentwood Pro Georges DHMH-17 20M 1/73 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR (VR A15 ME (5)) F. Gasch's Sons P A Hvattsville, Md.

1.50-07621 To be Page Dille Strate of the Market Market Comment of the Comment J37:0 Market and the second s AND CONTRACTOR OF THE PARTY OF 

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-07622 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST TO DATE OF DEATH MONTH (TYPE OR PRINT) VTOT.A MYRTLE SAVADGE March 17, 1979 1:58P N 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE /IN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR MONTH DAY YEAR HOURS. Female 16. Caucasian Aug. 1913 TO BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED SKNEVER MARRIED Prince Georges Virginia WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 17h KIND OF BUSINESS OR OCTORS Hospital of P.G. Co. (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Lanham Doctors Book DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Bookhinder USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY IN STREET ADDRESS 134 INSIDE CITY LIMITS? Hvattsville 6920 Greenvale Parkway Md. Pr. Geo. IL FATHER'S NAME IS MOTHER'S MAIDEN NAME AUDDAL Luvant Chewning Bertha Brown HE WAS DECEASED EVER IN U.S. ARMED FORCES 164 SOCIAL SECURITY NO 17. INFORMANT LIEVES GOT WAS DEDATED. Same as # Vincent V. Savadge PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (0), stoting DUE TO OR AS A CONSEQUENCE OF oth underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 0 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO I 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART ) OR PART 2 m 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE his haspital attended the deceased from deceased glive a , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING be deta e State [ 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS TO FUNE should be with the S IMPORT. 831 Univ. Blvd. East Silver Spring, Md. Lewis H. Dennis. M.D. 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE STATE Wilderness Church Cem. Chancellorsville, Virginia BP 20 MAR 79 Burial 24 FUNERAL DIRECTOR Robert G. Beall Funeral Home 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4)) 9013 Annapolis Rd. Lanham, Md. 20801 975 Auller





19-07524 Whose Hardward Schlamad Joseph F. ALLE STEEL S TO THE SECOND SE State of the state of the State of the London State of MO THE WALL CHARLES TO THE THE PROPERTY OF what my to be well the training to the terms of the terms The Part to Book in the AU to de the whom the state of the The same to the same of the sa The same of the sa 4 3 / E/CLCH LERVICE OF THE WARRENCE STORY 1 / /

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9-07625 - STATE CERTIFICATE OF DEATH REGISTRAR REG N DECEASED NAME 2a DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) Edit March 10. 1979 AGE (INVEARS LAST BIRTHDAY) 3 SEX 4 RACE 5. DATE OF BIRTH IF UNIOER I YEAR IF TINDER TAMBE VEAR HOURS Female Caucasian 1882 Feb To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's Co.. Virginia WIDOWED M DIVORCED T IN CITY OF TOWN OF DEATH 12b. KIND OF BUSINESS OR HE NOT IN SUCH FACILITY, GIVE STREET ADORESSI INDUSTRY Manor Nursing Home Housewife Carroll DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Home JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

30 STATE

136 COUNTY

137 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 4858 Battery Lane, #210 Maryland Monto Bethesda 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME David Stummets Unavailable 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 10500 Rockville Pike.#722 17 INFORMANT (YES, NO OR UNKNOWN) LIFYES, GIVE WAR OR DATES) Schriver, Rockville, MD 579-62-0340 Oliver M. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) CARDIO - PULMONARY ARREST SUDDEN DUE TO, OR AS A CONSEQUENCE OF ATHEROSCLEROTIC HEART DISEASE 10-20 YEARS Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 20h. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ buriol-tronsit p or Hem 18 sho 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from 79 sow the deceased alive on above, (I) (we (idid ) did not) view the body after death. . ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated old be detoched the Stote Dept. 22h SIGNATURE DEGREE 22r DATE SIGNED MPORTANT: IF ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN [ 22e. ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION Burial 3 - 14 - 79Arlington Nat'1. Virginia Myer, 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 256 EGISTRAR SSIGN TURE PUMPHREY FUNERAL DHMH - 16 50M 1/76 (VR A 15 (4)) P. A. Bethesda, Maryland

TOLEN , annu restaut and the contract time, wellow

and the first the second of th

STATE OF MARYLAND

26 HOUR

IF UNDER 24 HR

NO T

STATE

STATE

Md.

19-07826	
03-0-70 11:2	MODES (NO.) SERTON
	Tole 'Dite inly 8, 1017
PRINCE GEORGE'S	x
self-inland descent w	CHEMOLY PRINCE GLORGE S GENERAL HOSPITAL
17306 Stayber and	.n.en.e.
wis	10 inches 2
SOME THE DRIED THE	Commone of gallound
Ses of a second second	
20101010	An ilo colle comment al dango
201010A10	
	An abroads when we have

STATE OF MARYLAND 9-07627 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO In DATE OF DEATH I. DECEASED NAME 2b. HOUR (TYPE OR PRINT) William 0 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE TIM YEARS LAST BRITHDAY YEAR DAYS HOURS 1900 In BIRTHPLACE STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED COUNTRY) WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 26. KIND OF BUSINESS OR 12a. USUAL OCCUPATION NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY KACE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME C MIDDLE MIDDLE 0 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL BECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Roxemia Conditions, if ony, which gove rise to immediate couse (o), stating underlying couse lost arcinomo ā PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CATI 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ā IN CERTIFYING CAUSES OF DEATH? per NOK YES [ NO T onsit Hygin 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d INJURY OCCURRED 2 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 278 | certify that (I) (this haspital) attended the deceased from saw the deceased alive an MSNC 8 19 7 Januar. 8 19 79 sow the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove. (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF O FUNERAL D hould be detected with the Stote D PHYSICIAN DIRECTOR PHYSICIAN TSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS 230. BURIAL, CREMAJION, REMOVAL 23b. DATE 23c NAME OF CEMETERY 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4))

79-07627 10 miles 25 st 185 12 miles 20 West of Shiple Shiple E Shipley THE PH TISC I THE WAS DEAD OF THE SHAPE THE REPORT OF THE PARTY OF THE the man the the total water was the time of

1/4	1	FOR			MARYLAND	IVOIENE	
	11-	STATE		DEPARTMENT OF HEALT		7 0	-07628
ALC: NO.	1.0	REGISTRAR  CEASED NAME # FIRST	MEI	DICAL EXAMINER'S	CERTIFICATE	DF DEATH REG. No. 3	-01020
Sec. 3		PE OR PRINT)	11.46	MIDDLE 5/	LAST	OF ESTI-	TH DAY YEAR 26. HOUR
ET,		James	HIMUN	drinno	1	DEATH MATED 3	-11 1979 M
스 를 포	3. SE	X . I RASE	5 DATE OF BIRTH	6. AGE (IN YEARS IF U	NDER 1 YR. IF UNDER		H DAY YEAR 24 HOUR
Z Z	1/	Male Black	9-7-	AST BIRTHDAY) MON	THS DAYS HOURS	MIN PRONOUNCED DEAD 2 - //	79/104
Z S V	70. E	IRTHPLACE (STATE OR	76 CITIZEN OF WE	AT COUNTRY?		3.2	INTY OF DEATH
A SA SA SA	1	Washurdc	USA		RIED NEVER MARR	RIED E	a state -
7 7 10 5	10.0	ITY OR TOWN OF DEATH	II NAME OF HOS	PITAL, NURSING HOME, OR OT		12a USUAL OCCUPATION (TYPE OF WOR	MD.
AY IS I THE P 301 V			PENT INCHEA	Georges Hosp	nital	FORMOSLOPWORKING LIFE) Retired	OR INDUSTRY
500 4 100	11611	AL DECIDENCE			JICUI	Recifed	
201 ANY DE ANY DE AND 3 TRETAIN COULD B	13a.	AL RESIDENCE (IF IN NURSING HOME OF 13b. COUN		134-CITY OR TOWN	134 INSIDE CITY LIMITS?	130 STREET ADDRESS	
21201 E ANY S. AND S. SHOUL		Ma.	7.6.	Seat Please	TES NO	6012 Seat Plea	asant Drive
MD. 2 ATH. 1 S 1, 2, PM 3, ID 2 S VITAL	14. F	ATHER'S NAME	MIDDLE		15. MOTHER'S MAID	EN NAME	
RE, MD. 3			H.	Skinner	Kati	WIDDLE	Skinner
	160.	WAS DECEASED EVER IN U.S. AR	AED FORCES?	166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	DALIMEL
BALTIMORE, URS AFTER DE 8. GIVE PAGE WITH FORM PAGES 1 AN DIVISION OF		(IF YES, GIVE	WAR OR DATES)	579-24-3916	James Sl	kinner Jrneph	2 07.7
RS J GN GN PAC						-IIebi	
- 500		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	BY:	tor (a). (b), and (c).)	11	ed Vaseular de	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIA:			a cena	covaseure at	Hale-
2 7 4 5 3		4292	DUE TO, OR	AS A CONSEQUENCE OF			
W. PREST D. WITHIN ENCIL IN AMINER TRANSIT ENTAL HY REMOVA	13	Canditians, if any, which gave rise to immediate	(b)				
		lying cause last.	DUE TO, OR	AS A CONSEQUENCE OF			
301 EX. EX.	100	Tyring Coose loss.	(c)				THE RESERVE TO BE
		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PA	RT 1 (a)	
RECORDS, ILD BE EXE PENDING** PENDING** F AEDICA HEALTH AN HEALTH AN	Z						
PEP VILD	F	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERATION V	VAS PERFORMED?		20 AUTOPSY?
	문		16 C 4 S				
OF VITA	CERTIFICATION	21a. EXTERNAL CAUSE WAS	21b. TIME OF	INJURY 21c F	OW IN HIPY OCCUPRE	D (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR	YES NO
PN OF FICATE THE W FOULD STANED	CO	UNDERLYING OR	HOUR A.M.	MONTH DAY YEAR	10 11 INJOKI OCCORRE	D TENTER INVIORE OF INJORY IN HEM IS PART I OR	PARI 2)
DIVISION OF V  CERTIFICATE  RING THE WC  ROED TO THE  E 3 SHOULD B  E DEPARTMENT  PRIOR TO ME	MEDICAL	CONTRIBUTING CAUSE OF I		PFINJURY (ATHOME, 211 LC	CATION		
	MEC	and the same of th	STREET, FACTO	ORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
D. R: THIS IE, WRI SRWAR STATE 21201 (		AT WORK AT WORK					
		22a. I certify that I taak charg	e of the remains dese	mbed obave, held an Auto	psy , Inspectio	n , Inquiry , and in my	
EXAMINE CERTIFICA CERTIFICA DIRECTOR WITH THE	12/1		al causes	Accident . Suicide			apimon
AAM SECOND BENEFIT ALA		decim resolved from:	di cuoses Lazi,	Accident L., Suicide L.	J., Homicide L.	Undetermined manner,	
CE CE		ACTUAL / NICA	sto RG	deine /	TITLE (SPECIFY)	DAT	E 111/20
WEDICAL E CUTE THE CE E & SHOULE FUNE SHOULE FR DEATH, IMORE, M.		SIGNATURE	9.0/./	overfrey,	Deputy	MEDICAL EXAMINER SIG	NED 17/
MEDI CUTE SE 4 FUNE FR DE	-	EXAMINER'S NAME AUG	isto P. Ro	driguez,M.D.	12800 Wi	llow Wind Circle,0	xon Hill Md.
TO ME EXECUTION FOR FORTER BALTIM	25	(TYPE OR PRINT)			_ADDRESS		20022
U O H		urial, cremation and value specify) Burial	2 /7 A 4-4	23c. NAME OF CEMETERY		23d. LOCATION CITY OR LOWN	OUNTY STATE
2 90 pp		14 //	3/19/7	Harmony Me	morjal Pa	ark Landover Ma	ryland
DHMH - 17	1	UNERAL DIRECTON	V 7- XX	ewars	250. DATA	ECO. BY SECIETY 256, RESTSTRATE	Egy Me Vready
(VR A15 ME (5)) 15M 7/77	St	ewart Funera	I Home	- 4001 Bennir	g Road, NI	E. //	

19-01028 CAN'T THE STATE OF 图 2000年7月1日 2000年7月 2000年7月1日 2000年7月 2000年

JATIFICAL JASEINGE GLONGE'S GERSCHE VERHUND 

DOSERY COLEULA JUD. PYG.GALLT M.C., C EVERLY, 10.

79-67629

12: 14 - 7 - 12:

PRINCE TRODUCTS COULTY

	1	-	
(	Q S	ector, page 3	
	ge ge	ectar, p	

FOR STATE

2 Tunist be notified at ance.

medical exami

attending physician

## STATE OF MARYLAND

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-07630

		REGISTRAR		CEKITI	ICATE OF DEAT	n	REG. NO					
Н		CEASED NAME FIRST	MIDDLE	L	A51	2	DATE OF DEATH	ОИТН	DAY Y	/EAR	26 HOUR	1
	[ I YPE	OR PRINT)	VRY M.		SMITH		03	-28-	79		2:50	AMM
8	3. SEX	X	4 RACE	5. DATE C			AGE (IN YEARS LAST BIRTH		IF UNDER		IF UNDER 2	
ä		Female	Caucasian	C N	v. 11 19	ő5 7	3	YRS.	MONTHS	DAYS	HOURS	MIN.
	7a. 816	RTHPLACE (STATE OR FOREIGN DUNTRY) N. Car.	76. CITIZEN OF WHAT COUNTRY?	8 MARRIE	NEVER MARRI	ED ()	BALTIMORE CITY OR	COUNTY	OF DE	ATH	9797	
0			U.S.A.	WIDOWE	D DNORCE	ED 🗍	PRINCE GEO					MD.
4		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A PRINCE GEORGES GE	DDRESS)		1	26 USUAL OCCUPATION TYPE OF WORK FOR MOST, OF HOUSEWIL		FE) 12b. F	USTRY	F BUSINES	S OR
	USUA 130 S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOWN		13d INSIDE CITY LIA	AITS?	3e STREET ADDRESS					
5			Geo. Univ. Pa	rk	YES X NO		4000 -Bee	chwa	boc	Rd	•	111
C	I4 FA	THER'S NAME FIRST  Edwin	Strickla	nd	15 MOTHER'S MAIL		MIDDLE		Jone	S LAST		
		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECUR	RITY NO.	17 INFORMANT		ADDRES			- ,	10016	
	,,,	No -	217-36-	9252	Sherod	S.Sm	ith - abo	ve s	addı			
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line for (o), b), and	1 icily	Hus	band	0 000		- BF	APPROXIM	MATE INTERV	AL
		IMMEDIAT	TE CAUSE (0)	200	4 14000	ent	inge			31	10/10	
		4027	DUE TO, OR AS A CONSEQUE	Leves	m Can	12-11	presente.	Bes	21	41	ein	
		Conditions, if ony, which gave rise to immediate couse (a), stating the	(8)		, , , , , , , , , , , , , , , , , , , ,		are un	7000	7 /	/-	- v	*
i		underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF					70			
	_	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR COND	TION GIV	EN IN P	ART I(o	1	7
	TIO											910
0	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH (	OPERATIO	N WAS PERFORMED			IN CERTIF	YING C	FINDIN AUSES	GS USED OF DEATH	1?
4	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		121c HOW INJURY	OCCUPPE	YES NO ( ) (ENTER NATURE OF INJURY	YE IN ITEM IS B		ADT 71	ио 🗌	
		OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH DA		THE THE VEHICLE HAVE	OCCORRED	S TEMER INVIORE OF INJOR!	IN HEM IS, P	AKI I OK F	nkt 2)		
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	21e PLACE OF INJURY	19	21f. LOCATION							
1	X	WHILE NOT WHILE AT WORK	AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.)	STREET	1	CITY OR TOWN		COUN	ity	STA	1E
		22a I certify that (1) (this hospi	ital) attended the declared from	4.0	, 19.	60	, to thene	4 24	19_7	9.	hot (I) (w	e) lost
	-	sow the deceased alive on above. (1) (we) (did) (did no	of view the body ofter death.	19,00	d that in (my) (our)	opinion dec	oth occurred on the dot	e and hou	r and tre	m the c	ouses stat	ed
		226. SIGNATURE	6	, 1	DEGREE		/	TINE	22c.	DATES	SIGNED	
		Local	lerden	ف			MEDICAL STAFF	N 🗆	3	3.5	P.79	7
	18	22d. PHYSICIAN'S NAME ITYPE O	R PRINT)	-	22e ADDRESS	1.1	1101	11.	-		110	W/J/
		KONALI) 9	, TLEISCHEVE	17.1	1/4//	1016	12 /col 1	141	+/15	VIL	LEI	1.01
	23a B	SURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	T .	EMETERY OR CREMA		23d. LOCATION CITY OR TOWN	, D	COUNTY		STAT	
	24 EU	Burial UNERAL DIRECTOR N. 33	B/30/1979   Ft		coln Gen	250. DATE R	Brentwood		r.G		Md	•
	24. FU	NAME NAME NAIL	ey's F.H. ADDRESS M	t .Ra	inier.	MAR	2 9 1970	tra	tray 1	hel	Page 1	
			7110		d		- 20101	,	1			

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has bee should be detached for use as the burial-transit permit, with the State Dept. of Health and Mental Hygiene prial IMPORTANT: If Item 21 is marked or Item 18 shows any

		la		
	11	.vew anina		ofensi:
			E.5.	TEU.
- 02170	OR SHATTABOU	Antender Service		
. bil bedinbed 1- 0	out x	ment. The	• ~ ~ ~ ~	Library
aenet.	eimmi	The Captyd?		river.
naurbba avada =		217-35-9278	2-	C
	(bowers)	40.5052		

STATE OF MARYLAND

79-07631 and all the second Water State of the The State of the State of

9013 Annapolis Road, Lanham, Maryland

DHMH - 16 50M 1/76 (VR A 15 (4))

FOR

- STATE

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH

79-07632

March16 1979 10 05 M

9 BALTIMORE CITY OR COUNTY OF DEATH

REG. NO

Prince Georges Co 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ret. Machine Poperator

9311 Rolling View Drive

Lanham. A Joseph C. Smith, 9311 Rolling View Dr., Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

YES T

TENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY

STATE

STATE

22c. DATE SIGNED March 17,1979

GODILANDOVER RO CHEVERLY, MI

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

McChrody

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	1ENE 79-	07633
	ECEASED NAME FIRST PE OR PRINT) EDWARD	MONROE SNIPE	SNIPES	20. DATE OF DEATH MONTH D	79 6:40A.M
3 SE	Male	4 RACE Caucasian	5 DATE OF BIRTH  MONTH DAY YEAR  02 22 26		IF INDER I YEAR IF UNDER 24 HI
No	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Orth Carolina		MARRIED NEVER MARRIED UNIDOWED DIVORCED	Prince Georges	County
CI	linton	(IF NOT IN SUCH FACILITY, GIVE STREET SOUTHERN MARYLAN	ID HOSPITAL CENTER	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Retired	126. KIND OF BUSINESS (INDUSTRY) U.S.Gov't
Mar	ryland Prince	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW COME Georges Hillcre	est Heigh Es NO	13. STREET ADDRESS 2410 Kenton Pla	се
	ATHER'S NAME FIRST  Thomas Vesle WAS DECEASED EVER IN U.S. AR		15 MOTHER'S MAIDEN NAI FIRST  Dora Este  RITY NO. 17 INFORMANT	WIDDLE	LAST
		E WAR OR DATES)		Snipes sam	e as 13 a-
	Canditians, if any, which	(b)	Care Ucromlan	d'I con	
TION	gove rise to immediate couse to stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (	es mell: In 4	DEATH BUT NOT RELATED TO THE TERM	inal disease or condition give	
RTIFICATION	gove rise to immediate couse to stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT ( PAGE OF OPERATION	conditions contributing to a  ment: In 4  196 CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM  Howard  OPERATION WAS PERFORMED	INAL DISEASE OR CONDITION GIVE  200 AUTOPSY?  YES NO YES	WERE FINDINGS USED VING CAUSES OF DEATH?
ICAL CERTIFICATION	gove rise to immediate couse 10°, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (  19° DATE OF OPERATION  21°, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONDITIONS CONTRIBUTING TO E  SOURCE OF THE CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	DEATH BUT NOT RELATED TO THE TERM  DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED  21c. HOW INJURY OCCURR  19	INAL DISEASE OR CONDITION GIVE  200 AUTOPSY? 20b IF YES, IN CERTIFY	WERE FINDINGS USED VING CAUSES OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate couse 10°, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (  19° DATE OF OPERATION  21°, ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE-	CONDITIONS CONTRIBUTING TO E  SMELL: IN 4  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED  21c. HOW INJURY OCCURE 19 211 LOCATION	INAL DISEASE OR CONDITION GIVE  200 AUTOPSY?  YES NO YES	WERE FINDINGS USED VING CAUSES OF DEATH?
	gove rise to immediate couse lost stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE ( (IF EITHER, NOTIFY MEDICAL EXAMINER)  211 ANUNCY OCCURRED  WHILE AT WORK NOT WHILE AT WORK  220.1 certify that (1) (this hosping sow the decent and olive on obove, (1) (we) did I (d) (d) on obove, (1) (we) did I (d) (d)	CONDITIONS CONTRIBUTING TO E  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED  AY YEAR 19 211. LOCATION STREET  , and that in (my) (our) opinion of	200 AUTOPSY?  YES NOW YES RED (ENTER NATURE OF INJURY IN ITEM 18, PA	WERE FINDINGS USED (ING CAUSES OF DEATH? NO NO COUNTY STATE  19
	gove rise to immediate couse 10 , stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER)  210. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK  220. I certify that (I) (this haspen sow the decease and olive on obove, (I) (we) did) (did no 27b. SIGNATURE)	CONDITIONS CONTRIBUTING TO E  196 CONDITION FOR WHICH  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED  21c. HOW INJURY OCCURE 19 21l. LOCATION STREET  DEGREE  ATTENDING PHYSICIAN	INAL DISEASE OR CONDITION GIVE  200. AUTOPSY?  YES NO YES IN CERTIFY  YES CITY OR TOWN  CITY OR TOWN  To Share the dote and hour  MEDICAL STAFF	WERE FINDINGS USED YING CAUSES OF DEATH? INTI OR PART 2)  COUNTY STATE
	gove rise to immediate couse lost stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE ( (IF EITHER, NOTIFY MEDICAL EXAMINER)  211 ANUNCY OCCURRED  WHILE AT WORK NOT WHILE AT WORK  220.1 certify that (1) (this hosping sow the decent and olive on obove, (1) (we) did I (d) (d) on obove, (1) (we) did I (d) (d)	CONDITIONS CONTRIBUTING TO E  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F  11al) attended the deceased fram 19 11 view the bady after death.  MACHNAN	OPERATION WAS PERFORMED  21c. HOW INJURY OCCURE 19 211 LOCATION STREET  DEGREE  ATTENDING	INAL DISEASE OR CONDITION GIVE  200. AUTOPSY?  YES NO YES IN CERTIFY  YES CITY OR TOWN  CITY OR TOWN  To Share the dote and hour  MEDICAL STAFF	WERE FINDINGS USED (ING CAUSES OF DEATH? NO NO COUNTY STATE  19

inton,

Maryland

DHMH - 16 60M 1/75 (VR A 15 (4))

The state of the s

The series affects to the hearts weles assert

## STATE OF MARYLAND

1 - STATE REGISTRAL			DEPART		ICATE OF DEATH			REG. NO.	9 -	0/6	534
I. DECEASED NAM	ME FRS1	,	MIDDLE	L	AST	20.		ATH MONTH	I DAY	YEAR	26 HOUR
Tring Consents	EARL		1	SPEN	ICER			3	7	79	7:40A
1.5EX		4 RACE		5 DATE C	F BIRTH		GE (IN YEARS	LAST BIRTHDAY)		UNDER I YEAR	IF UNUER 24 H
Male	,	Neg	rð	MONTH	- 22-19	31	47		rrs Moi	NIHS DAYS	HOURS MI
Ja BIRTHPLACE COUNTRY)	STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIE	D 0 9. E	ALTIMORE	CITY OR CO	OYTNU	FDEATH	
Macu	land.	11.5	.A.	WIDOWE		DOF	RINCE	GEORGE	E'S	COUNTY	(
III. CITY OR TOWN	OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTIO	N 120	. USUAL OC			126. KIND (	OF BUSINESS
CHEVERI	Υ	PRINCE	GEORGE 1	S GEN	HOSPITAL						
USUAL RESIDENCE	E (IF NURSING HOME O		GIVE RESIDENCE BEFOR		1 13d. INSIDE CITY LIM	VITS2 1130	STREET ADD	ORESS .			
Marulo	nd P.	G.	Landou		YES NO [		915	dub	AV	10,	20 78
14 FATHER'S NAM			ALTON TO STORY		IS MOTHER'S MAID	ENNAME					
Flme	+ Snon	CCC	LAST		Marian	Wi	on so	IDDLE		ŁA	ST
	ED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT			ADDRESS			2023
(YES, NO OR UNK	NOWN) (IF YES, GIV	E WAR OR DATES)			Gladus	Spe	anc pi	r	SF	77	
18 CAUSE PART I.	OF DEATH (Enter of DEATH WAS CAUSI IMMEDIA	nly one couse per ED BY: TE CAUSE (0)	Deserte	-on:	Chronie	ney	turate	Ty		BETWEEN	ONSET AND DEA
5/3	, if any, which	DUE TO, O	R AS A CONSEOU		ntre ba	tche	SE	lece	in		
gove rise	to immediate , stating the	DUE TO, O	R AS A CONSEQU		7-000 0.00				1		
underlying	couse lost	(c)_				0.000	TE CS				
	HER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	E TERMINA	L DISEASE O	RCONDITIO	N GIVEN	IN PART 1	(0) -
5 Por	eteral (	preun	rethora	×,	Seulre	- Mr	Ume	norg	Ac	bre	se 1
190 DATE O	F OPERATION V	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPS		ERTIFYII		NGS USED S OF DEATH?
2 1a ACCIDEN	IT WAS UNDERLYING	21b. TIME O	F INJURY		21c. HOW INJURY C			-90-			110 🖸
OR CONTRAIN	TING CAUSE OF DE	ATH HOUR A.	M. MONTH D				\ <u>-</u>				
(IF EITHER, NO	OTIFY MEDICAL EXAMINER		M.	19	211, LOCATION			13.	1116		
WHILE AT WORK	NOT WHILE AT WORK	21e PLACE (AT HOME, STI	REET, FACTORY, OFFICE,	FARM, ETC )	STREET		CIT	Y OR TOWN		COUNTY	STATE
	y that (1) (this hasp	0/	, -	760	. 19_	/	to3	171	, 19	/	that (I) (we)
	e deceased alive or (I) (we) (did) (and no		ofter death.	, or	d that in (my) (our) o	pinion deot	h occurred o	n the date on	d hour o	ind from the	couses stated
226. S/GNA		1,	-		DEGREE	5.71	/	100	Den.	22c DATE	SIGNED
MI	LA DIDY	u (LAga »	~()	1	ATTEND	DING M	FOICAL	STAFF		2	15 /5.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the furnishaded be detached for use as the burial-transit permit. Then please remove carbonopopers. Pages 1 and 2 should be filted with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. retained by the hospital ar attending physicia TO HOSPITAL IMPORTANT 23a. BURIAL, (SPECIAL) CREMATION, REMOVAL

DHMH - 16 50M 7/77 (VR A 15 (4))

OR ATTENDING PHYSICIAN:

24 FUNERAL DIRECTOR NAME

288. PHYSICIAN'S NAME (TYPE OR BRINT)

23c NAME OF CEMETERY OR

GACAT

22e ADDRESS

CREMATORY

MAR 1 3 1979 Justing No. 1979

18210-831 CHEVEROLEGE STERRED ENTER TO AUGUST OF

Service of the Control of the Contro

724:7

2		FOR STATE				MENT OF	HEALTH	AARYLAND I AND MENTAL			70 0	7635	
0	1. DE	REGISTRAR CEASED NAME	FIRST	ME	MIDOLE	EXAMIN	IER'S C	CERTIFICATE (		a. DATE KNO	WN MONT	H DAY YEAR	26 HOUR
		E OR PRINT)	Mari		9	tewa	erd			OF EST	[]-	-291979	M
	3. SEX	male W	hite	5. DATE OF BIRTH	VEAR C-96	82	ANS IF UN	DER 1 YR. IF UNDE		RONOUNCED DEAD	3 -	29 1979	2d. HOUR 338
ACCESSA UNFERAL FOR WITHOUT PRESIDENT	FO	RTHPLACE (STATE OR REIGN COUNTRY) D.C.		U.S.A		TRY?	8. MARR WIDOW	IED NEVER MARI	RIED 🗀	Dinc	city or cou	NTY OF DEATH	MD.
DELAY IS 3 TO THE P M PAGE 9 BE FILED.	10 CI	Riverdal		11. NAME OF HO	FITAL NUI	SING HOM	E, OR OTH	IER INSTITUTION	FOR M	ALOCCUPATION OST OF WORKING L	IFE)	V.S.Go	RY
ANY AND ANY RETAI	13a. S	L RESIDENCE (IF IN N	113b COUNT		13c. CITY	BEFORE ADMISS OR TOWN ttsvil	_	13d. INSIDE CITY LIMITS? YES NO		ETADDRESSN:			
MD. S 1, PM. VITA	14. FA	4. FATHER'S NAME FIRST Unknown			LAST			15. MOTHER'S MAIDEN NAME			Gar	rriott	
LTIMO AFTER IVE PA H FOI GES 1	16a. W (YE	AS DECEASED EVE S, NO. OR UNKNOWN)	(IF YES, GIVE V	MED FORCES? WAR OR DATES)	ED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT					Gabele Ridge Rd. well, Ga.			
W. PRESTON ST., I D WITHIN 24 HOU ENCIL IN ITEM 18. AMINER ALONG V TRANSIT PERMIT. TRANSIT PERMIT. REMOVAL.		18. CAUSE OF DEAPART I DEATH IN Conditions, if gover ise to cause (a) statistically lying couse lost	MAS CAUSED IMMEDIAT any, which immediate ig the under-	D BY:  TE CAUSE (o)  DUE TO, OR  (b)	AS A CON	-/ -	OF	vonia				APPROXIMA IL BETWEEN ONSE	
RECORDS, 30 ILD BE EXECU PENDING" IN F MEDICAL REPORT A BUD FEATH	CERTIFICATION	Teff Ne DATE OF OPEN	fem.	oral fra	TION FOR	cies	MAR RATION W	E OR CONDITION GIVEN IN P				20. AUTOPSYT	? NO 🗆
BIVISION OF VITAL  E. THIS CERTIFICATE SHOU  FE. WRITING THE WORD  RWARDED TO THE CHE  STARE DEPARTMENT OF IT  21201 PRIOR TO BURIAL, C	MEDICAL CE	210 EXTERNAL CAL UNDERLYING CONTRIBUTING 21d. INJURY OCCUI WHILE AT WORK AT 1	CAUSE OF D	21e PLACE	3-3	(AT HOME,	2 lf. LO	OW INJURY OCCURR	ED (ENTER N)	CITY OR TOWN		PART 2)	STATE
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, BORGE 4 SHOULD BE FORF TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE SHOULD BALTIMORE, MARYLAND, 21		22a. I certify that death resulted fra ACTUAL SIGNATURE EXAMINER'S NAMI	Natur Aug	e of the remains al couses W.,	Accident	a su	Autop vicide	TITLE (SPECIFY)	Undete	Inquiry T, rmined manner CALEXAMINER	DAT	opinion <b>3 -3</b> Kon Hill, I	0-78
BE EXECUTE OF A PETER BALTIN	230.Bl	(TYPE OR PRINT) _ URIAL, CREMATION, PECIFY) Temation	REMOVAL 2		23c. N	IAME OF 🥳	KKKC coln	ADDRESSRCREMATORY Crematory	23d. LOC		CC		20022 TATE
DHMH · 17 (VR A15 ME (5)) 15M 7/77		INERAL DIRECTOR Chame Gasch's	Sons	P.A. ADORES	yatts	ville,	Md.	25a. DATE	PRC'P. PY	191719AR 25	E BEATING	NO NO SECOND	

	1-	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	O.	19-0	1031
1	1. DEC	OR PRINT)	JOHN.		MIDDLE		DUT	20 DATE OF DEATH	3 1:	2 <b>7</b> 9	6:00P1
1	3. SE			4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 H
		Male		Cauca	sian	Octo	ber 31,19 <b>2</b> 5	53	YRS.		
1	CC	RTHPLACE (STATE	OR FOREIGN		WHAT COUNTR	MARRIE	NEVER MARRIED	PRINCE GE			1
21		Llinois TY OR TOWN OF	DEATH		HOSPITAL, NUR		D DIVORCED DIVORCED DIVORCED	12a USUAL OCCUPATI	ION	12b. KIND O	F BUSINESS
14		neverly		Prince	Georges	Gener	al Hospital	Lt. Pr. G			ce Dep
25	13a S	AL RESIDENCE (IF	13b. COUN	TY	13c CITY OR TO	NWC	13¢ INSIDE CITY LIMITS?	13e STREET ADDRESS 5800 Avon	مامة	Desire	
2 500	Mc 14 FA	THER'S NAME	Pr.	Geo.	Mitche	IIVILLE	15 MOTHER'S MAIDEN NA		dare	Drive	
16	E	win	Sai	nford	Sto	ıt	Anna FIRST	Marie		Toakum LAS	a .
1	16a V	AS DECEASED E ES, NO OR UNKNOWN	(IF YES, GIVE	WAR OR DATES)	166 SOCIAL SE		17 INFORMANT	ut Same as			
		res	WW .		577 24	1577	Virginia Sto	ut bame as	7F 13		
		18 CAUSE OF DE	EATH (Enter onl H WAS CAUSE)	y ane cause pe	r line far (a), (b)	and ic	1. 0.	-		BETWEEN	MATE INTERVA
		) / .		E CAUSE (o)	4	nar	ac orres	1		31	Mina;
		4/49	7	DUE TO, C	R AS A CONSEC	DUENCE OF	a Della	7		5	1100
		Conditions, if		(b)_	100	ung	my Myo	ny treses	ese	- 26	Ran
		couse (a), s	toting the	DUE TO, C	R AS A CONSEC	QUENCE OF	0	1			
		underlying co	ouse last	( (c)_							
	NO	PART 2 OTHER S	SIGNIFICANTO	ONDITIONS C	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GI	VEN IN PART 1	١٥١
	AT	198 DATE OF OPI	ERATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20g AUTOPSY?		S, WERE FINDIN	
de	CERTIFICATION			40				YES NO		IFYING CAUSES	NO
18	CER	21a. ACCIDENT WAS	S UNDERLYING	21b. TIME C			21c. HOW INJURY OCCUR		RY IN ITEM 18,	PART I OR PART 2)	
9		OR CONTRIBUTING		in in	.M. MONTH	DAY YEAR					
-/4	MEDICAL	21d INJURY OCC		21e PLACE	OF INJURY		21f LOCATION		24.00		
7	¥	AL WORK	OT WHILE [	(AT HOME, ST	HEET, PACTORY, OFFI	CE. FARM. ETC.)	STREET	CITY OR TO	VN	COUNTY	STA
		77s-1 certify tho	r (II (rles-hospit	el) attended, ti	he deceased from	- Ster	7 7 19 7	4, 10 Mary	412	19 7 9	that (I) (w
		sow the disc	eased alive an	Fyr	17 19	_79 or	d that in (my) (a) Opinian	death accurred on the d	ate and ha	ur and from the	causes sta
		27h SIGNATURE	4] [010] [010 HO]	Interpoor	Corner death.	-	DEGREE			22c. DATE	SIGNED
	(	120	naz	1 KG	21	11	ATTENDING	MEDICAL STA		7	1141
		27d. PHYSICIAN	S NAME ITHE OF	PRINTS	11/10		22e. ADDRESS	J DIRECTOR E THISK	INIA CO	0	1//
1		LEON	ARD	P. Y	FPPEL		3231 54	egerior La	ene	Burn	e n
	23a. E	URIAL, CREMATI	ON, REMOVAL	23b. DATE	Carlotte Committee of the		EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STAT
		Bur		16 MA			coln Cemetery			laryland	
		INERAL DIRECTO					e 250. DAT	E REC'D. BY REGISTIAR	25b. REGIS	TRAR'S SIGNAT	URE
18	90	13 Anna	polis R	d. Lanh	am, Md.	20801	The fulliant	IK 16 1979	tion	for head	Bank

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

07020

	ONVINSVIESO SIVES			
79-07636	A CHARLEST WAS THE			
5 12 70 0.0000	STOUT	PER I	2.75	
	12 x 31 x 35	C rist one		d.EnM
PRINCE REDIGE'S COURTY			a.V.	atom21/7
The filler of tollowing	Late took Immed			Cheverth
every as to environment	i Alfalia i auni		os iri	- 016
The fact of the state of	Week 1			
81 A 20 20 82	rand already by th	11/2 TIR		NEC.
	The State of the S			
ere Line Respective				
	- garcomov sulonell .			

ないないないとう

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH LTYPE OR PRINTI 03 06 79 0:25P.M MAE TALBERT ETTA 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY MONTH YEAR Female Caucasian 10 25 13 65 To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Prince Georges County WIDOWED ID CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE at home SOUTHERN MARYLAND HOSPITAL CENTER Clinton 13e STREET ADDRESS 8407 IndianHead Highway Prince Georges Oxon Hill YES TY Marvland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST FIRST MIDDLE Shelby Brightwell James Mary Padgett 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES NO OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) 212-66-5324 William L. Talbert no none same as item 13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DE ATH WAS CAUSED BY ULMOWARY EDEMA 40445 CONCESTIVE HEART PAILURE onditions, if any, which gove rise to immediate couse 101, stating ACTERIO CELERON'S FLEART DIVERSE underlying cause ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 DIVISION OF VITAL RECORDS, CERTIFICATION COLON 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSYS 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that in (my) (our) opinion death accurred on the date and have and from the causes stated above, (1) (we) (did) (did not) view the bady after death. DEGREE 22h SIGNATURE 22c DATE SIGNED None DIRECTOR PHYSICIAN FUNERA old be de 22e ADDRESS - 2003 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) COUNTY 3/9 Forest Hills Mem. Gardens Burial Clinton Md 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SI DHMH - 16 60M 1/75 MAK 9 herry/10 (VRA 15 (4)) Kalas 6160 Oxon Hill Rd. Oxon Hill. Md.

oregie the

the first wife and a JJ ---1212-06-328 1313-1. "Edinor Fine c 12 \_\_\_\_

ornells of the contiller. The contiller of the contiller

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-07638 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME LAST 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 3-20-79 Imon AnAUag 4 RACE 3. SEX DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDED I YEAR IF UNDER 24 HRS MONTH DAYS Male Caucasian Feb. 18,1902 To. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsyl**x**ania U.S.A. WIDOWED DIVORCED | Prince Georges 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Largo Manor Care Nursing Home-Largo MARYLAND 2129 Baker Heidi USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13t. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? MdNew Carrollt NO F 7902 Powhatan Street 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 2 6 MIDDLE LAST FIRST MIDDLE puo Stavinsky Josephine John Tanavage ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Alice Tanavage same as # APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH npoper tor (a), (b), and 18 CAUSE OF DEATH Enter only one couse per li PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST soula diegal Conditions, if ony, which gave rise to immediate other cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED b JH CERTIFYING CAUSES OF DEATH? be al NOL YES [ NO [ Mental Hygie 21a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR iol-tr OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 220.1 certify that this haspital ottended the deceased from saw the deceased alive an ond that in (my) (our) opinion death accurred on the date and have and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING STAFF FUNERAL I PHYSICIAN PRINCIPAL PHYSICIAN MPORTANT IAN'S NAME THE OFFE 22e ADDRESS 22d. Shoul with James W. Harding. M.D. 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Lakeview Memo Gardens | Baltimore, Maryland Burial 24 FUNERAL DIRECTOR Robert G. Beall 250, DATE REC'D. BY REGISTRAR TO MOSTRAR'S SIGNALLIRE Funeral Homeno DHMH - 16 50M 7/77 APR 9013 Annapolis Rd. Lanham, Md. 20801 (VRA 15 (4))

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	'	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO	19-	UIb	39
		CEASED NAME FIRST CLARENC	E WALT	to R TAI	MAU	20. DATE OF DEATH	3 3 G	79 8.	30 A.
	3. SEX		4 RACE CAUCASIA	5. DATE O	F BIRTH  DAY  YEAR  O  P  P  P  P  P  P  P  P  P  P  P  P	6 AGE (IN YEARS LAST BIRTH	MONTHS:	_	NDER 24 HRS*
5	M	RTHPLACE (STATE OR FOREIGN DUNTRY)  Laryland	76 CITIZEN OF WHAT COU	WIDOWE	DIVORCED	PRINCE C	EOREORE		MD.
0	FO	RESTULLE	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GIT REGEN	VE STREET ADDRESS	ng Home	120 USUAL OCCUPATION OF WORK FOR MOST OF BLACKS M	WORKING LIFE! IND	KIND OF BUILDING	
5	130 S	nD P			134 INSIDE CITY LIMITS?  YES NO 15. MOTHER'S MAIDEN NAM	ROUTE 5	BOX :	7417	
d	I4 FA	William	Taymai		Alice	WIDDIE		kins	
	(Y		MED FORCES? 166 SOCIAL	al security NO. 34 459	t Mrs. Th	ADDRE		lox 24	1
A CONTRACTOR OF THE PARTY OF TH	TION	Conditions, if any, which gove rise to immediate couse (0), stating the underlying cause last	DUE TO, OR AS A CONTRIBUTE	NSEQUENCE OF				860	
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	YES NO	IN CERTIFYING C	AUSES OF	
	MEDICAL CER	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTEY MEDICAL EXAMINER) 21d INJURY OCCURRED  WHILE NOTEY HOT (I) (this hosping the deceased olive an above, (I) (we) (did) (did not 22b. SIGNATURE)  22d. PHYSICIAN'S NAME (TYPE OF WITH THE CAUSE OF THE CAUSE O	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY,  atol) ottended the deceosed  2 2 3 11 view the body after death  Ment Tue	19 ( OFFICE, FARM, ETC.)	211. LOCATION STREET  19 7 9 d that in (my) (aur) opinion of DEGREE ATTENDING PHYSICIAN 2  22e ADDRESS  OXON Hill,	city of tow  to	N COU	NTY that	NED
	- (1	BURIAL, CREMATION, REMOVAL SPECIFY Urial			EMETERY OR CREMATORY  Ction Cem.	23d. LOCATION CITY OR TOWN	COUNTY		STATE
	_	UTTAL	19-0-19	nesurre		Clinton,	P.G., M		H.M.

Maryland

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

Funeral Home Waldorf,



		BIRT			Maria
					JIAG
3-1830 374		Y	4		Hary Land
roa . B. I write 135		all burners	0 158		110 20 436
THE YEAR TO STUD		200 5 27	dald	,	d m
PO HIND	90		Chambers.		F (1914)
a Williamine III a		t of Let As	-0.90	To a Great	Year
			73-3-1		
×					
×					
×					
x					

mints Peneral Hone veldors, may land Man a 1973 . Tory declar

7	1							ARYLAND					
	13-	FOR STATE						AND MENT		NE	70 -	0764	n
	-	REGISTRAR				EXAMINI		ERTIFICAT	E OF DE				
		CEASED NAM		44	WIDDLE			AST		20. DATE KNOW OF ESTI-	Co.co.		2b. HOUR
EASE TOR. FILES. OURS REET,			58	arah	A.		Tem	plin		DEATH MATE	3/:	17	M
EASE CTOR. FILES. IOURS	3 SE	Х	4. RACE	5. DATE OF BIT	RTH DAY YEAR	6. AGE (IN YEAR			NDER 24 HRS.	2c. DATE PRONOUNCED	MONTH	DAY YEAR	241:07
A APPE	fe	emale	white	Mar. 1	4,1927	51 YRS		DAIS HOUR	WIN	DEAD	3/:	2 1979	P. M
提到	7a E	IRTHPLACE (S	TATE OR	76 CITIZEN O	F WHAT COUN	ITRY?	MARRIE	D NEVER M	ARRIED	9. BALTIMORE CI	TY OR COUNT	TY OF DEATH	
E Br	2	Wiscon	sin	U.	S.A.	STATE OF	WIDOWI		ORCED X	Prin	ice Geor	rge Coun	ty MD
920	10. 0	ITY OR TOWN	OF DEATH	11. NAME OF	HOSPITAL, NU	RSING HOME.	OR OTHE	R INSTITUTION	12a US	UAL OCCUPATION	TYPE OF WORK	17b KIND OF BL	ISINESS
Se Fieb	L	anham		Docto	or's Ho	spital			Se	cretary		U.S. Govt.	
SHOULD B		AL RESIDENCE	(IF IN NURSING HOME O			OR TOWN	N)	13d. INSIDE CITY LIMI	1124 57	REET ADDRESS			
5 K		Marylan		e Geo.		llege P				06 Dartmo	outh Ave	enue	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201 5. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2. AND ROED TO THE CHIEF MEDINGL EXAMINER ALONG WITH FORM PM. 3 RETA E. 3. SHOULD BE USED AS A BURBL-TRANSIT PERMT. PAGES 1 AND 2 SHOULD PRIOR TO BURBLY, CREMATION, OR REMOVAL.		ATHER'S NAME		MIDDLE		LAST		15. MOTHER'S M				[AST	
TER DEATH. PAGES 1, 2, 2, 2, 5, 6, 7, 8, 9, 9, 3, 8, 1, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9,	led.	John		Gavin		lilcox	JVE(	Fran	ces	MIDDLE		Richa	rdson
_		WAS DECEASE	DEVER IN U.S. AR	MED FORCES?		CIAL SECURITY	NO.	17 INFORMANT		ADD	RESS		
	/ '	NO NO	(IF YES, GIVE	WAR OR DATES)	370	-26-580	7	Amy Te	mplin-	Address	same as	#13 abo	ove.
, PAGES DIVISION			OF DEATH (Enter on	ly one couse per								I APPROXIMAT	TE INTERVAL
	1 2	PARTIDE	EATH WAS CAUSE	BY:	Arter	loscler	otic	cardiov	ascula	r disease		BETWEEN ONSE	T AND DEATH
SIT PERMIT. HYGIENE, D		11/10	C) ) IMMEDIA	TE CAUSE (o)  DUE TO	, OR AS A COI	NSEQUENCE O	F						
			ns, It any, which	1									
EXAMINER HAL-TRANSI MENTAL H OR REMOVA			se to immediate ) stating the under-		OR AS A CON	SEQUENCE O	)F		- 10				
ME OR B		lying cau	use last.	1									
SED AS A BURIL		PART 2 DTHER SI	IGNIFICANT CONDITIONS	(DNTRIBUTING TO D	EATH BUT NOT REL	ATED TO THE TERMI	NAL DISEASE	DR CONDITION GIVEN	IN PART 1 (a)				
HE	Z	119											
OF HEAL	CERTIFICATION	19a. DATE OF	OPERATION	19b. CO	NDITION FOR	WHICH OPERA	ATION W	AS PERFORMED?				20 AUTOPSY	?
A L	1 =	1 5 1 5										YES 🔯	NO 🗆
UR.	1 3	410.00	AL CAUSE WAS		E OF INJURY		21c HC	W INJURY OCC	URRED (ENTER	R NATURE OF INJURY IN IT	EM 18 PART 1 OR PA		
DEPARTMENT OF		UNDERLYING	OR OR		A.M. MONTH	DAY YEAR	18						
IOR IOR	MEDICAL	21d. INJURY		21e PLA	CE OF INJURY	(AT HOME,	21f. LOC				14 6 7 13		-2
	W	WHILE C	NOT WHILE D	STREET	, FACTORY, FARM, I	TC.)	S1	REET		CITY OR TOWN	CO	YTAUG	STATE
STATE 21201 F	1	1											
DIRECTOR: , WITH THE S AARYLAND, 2		111111111111111111111111111111111111111	ify that I taak charg				Autops	_	ection L.,	Inquiry L,	and in my or	pinion	
DIRECTOR, WITH THE		death result	red fram	couses X	Accident	L. Suid	cide	Hamicide L		stermined manner			
AR.	24 1	ACTUAL	LAC	7/11/1	N			Assist	ant		DATE	3	3/3/79
RAL DIRI	0	SIGNATURE	VI	LVLUV	~ /	/	M.	D	MEI	DICAL EXAMINER	SIGNE	ED	10115
AFTER DEATH, BALTIMORE, MA	1	EXAMINER'S	NAME Horme	z R. Gu	ard, M	.D.		11	1 Penn	Street,	Balto.	, MD 212	01
FTER	-	TYPE OR PRI	NT)					ADDRESS		OCATION			
A 80	230.	(SPECIFY)	TION, REMOVAL			NAME OF CEN		m'l. Pai	CIT	Laurel-Pr	ince Co	OTTE VE	TATE 6M
	74	Burial FUNERAL DIREC		Mar. 6,1	1979	. Nat	r. Me	25a D	WATEREC'D. B	SY REGISTRAR 1256.	REGISTRAR'S	Mc Creat	Paul 6
HMH - 17 A15 ME (5))		NAME			DRESS	3.7.5	Correct of		MAR 1	L 1979 256.	property	MUNIO	7
15M 7/76		unamber	s Funeral	L Home -	- Kiver	dare, M	aryl	ana					

Complete the control of the control of the second of

31 Mar 79

Funeral Home North 217 9th St NW Washington, the St. NW

FOR

REGISTRAR

- STATE

BP

DHMH - 16 50M 7/77

(VR A 15 (4))

Burial

24 FUNERAL DIRECTOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Glyfada

79-07641

22c. DATE SIGNED

25 MAR 79

STATE

CERTIFICATE OF DEATH REG. NO 2h HOUR 3:32A 1979 IF UNDER LYEAR IF UNDER 24 HRS AONIHS DAYS HOUR5 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGES COUNTY 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 4212 MAINTREE CT KARAYIANIDOU SAME ITEM #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ARREST (Cardiac Arrest 20h JE YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

19-07641 **经验**证据 医对射性 医皮肤 经产品的 Secret CARLES - There of the state of the toon oligen and a Supplied the Control of the Control of the Control V. Komely of Shows and the second the average of months and notes kindled to our state that the state of the  FÖR - STATE

DHMH - 16 60M 1/75 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-07642

1	REGISTRAR			CERTIF	ICATE OF	DEATH		REG. NO.	19-	UI	042
1 1	DECEASED NAME FIRST		MIDDLE		LAST		2a DATE C		TH DAY	YEAR	26 HOUR
	MARY	S	ophia	THO	MAS			03	20	79	11:P.M.
1	SEX	4 RACE		5 DATE O		YEAR	6 AGE (IN	EARS LAST BIRTHDA	Y] IF U	NDFR I YEAR	IF INDER 24 HRS
F	emale	Black		08		09	69		YRS	THS DAYS	HOURS MIN
70	BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8				ORE CITY OR C		DEATH	
	Maryland	USA		WIDOWI	D NEVER	NARRIED					M
10	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME			12a USUAL	Coorgo	s Cou	n ty 12b kind (	OF BUSINESS OR
	linton /	SOUTHER	MARYLAN	D HOS		CENTER	(TYPE OF WO	RK FOR MOST OF WO	ORKING LIFE)	INDUSTRY	
13	UAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	1 13d INSIDE C	ITY LIMITS?	13e STREET				
Max	ryland \$t. M	ary's	Bushwood		YES	NO 🗌	Gener	al Deli	very		
14	FATHER'S NAME	MIDDLE	1452		15 MOTHER	S MAIDEN NA	AME				
1	Wil	lie	Barnes		1	nnie		E.	Cou	ntis	S
CERTIFICATION	WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	JRITY NO.	17 INFORMA	ANT		ADDRESS	71.763		
	(IF YES, GIVE WAR OR DATES)		213-42-9043		Marie T. Bowman Bushwood, Maryland					land	
		CONDITIONS C	R AS A CONSEOU RECURS	ent	diffure NOT RELATED	1 (L) (	Brebna MINAL DISEA	L astn	ouglos on GIVEN	IN PART I	7 mon li
	mully		uluti .		Enno	ylus g		exia	Linen		ut intoch
N A	190 DATE OF OPERATION	0	ITION FOR WHICH		erctral.		200 AUT		ID. IF YES, W I CERTIFYING YES	ERIFINDI G CAUSES	NGS USED OF DEATH?
MEDICAL CERT		216. TIME C HOUR A	OF INJURY	AY YEAR				ATURE OF INJURY IN		OR PART 2)	но
	71d INJURY OCCURRED  HILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	21f LOCATION STREET	ŎN		CITY OR TOWN		COUNTY	STATE
	22a I certify that (I) (this hasp sow the deceased alive or above, (I) (wolded) (did no	mare	W 1/Th 19 -	79	8/29 nd that in (my)	19 7 9	ta death occurr	03/2 ed on the date	19_ and hour an	d from the	that (I) (ve) last couses stated
	22b. SIGNATURE	1,71		11/15	DEGREE "		/			22c. DATE	SIGNED
	4	1				ATTENIDING	MEDICAL	CTAFF		12	0.0
	Anun	R. in	ride.			PHYSICIAN PHYSICIAN	MEDICAL	STAFF PHYSICIAN	1 🗆	3/2	1179.
1	22d. PHYSICIAN'S NAME (TYPE C	R. M.	rde.			PHYSICIAN	DIRECTOR	PHYSICIAN		3/2	1/79.
-	Anum 22d. PHYSICIAN'S NAME (TYPEC ARVN R.	R. BRANTI GIND	rde.		NO	PHYSICIAN	DIRECTOR	STAFF PHYSICIAN  CE SUI		3/2	1/79.

15-07512

deline control deline control efficient

oneigne, dooweding minage, 1, eight in the

Direct 3.29.1929 Lagred cort Manager 1929 4.10

In the terminal and the property of the proper

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME KNOWN 2a. DATE (TYPE OR PRINT) ESTI-DEATH MATED IF UNDER 24 HRS DATE PRONOUNCED DEAD 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR VEVER MARRIED FOREIGN COUNTRY) DIVORCED PRINCE GEORGES WIDOWED Wash., D.C. USA 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK O CITY OR TOWN OF DEATH FILED. FOR MOST OF WORKING LIFE)
Housewife OR INDUSTRY G. Cheverly Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 30 STATE 136 COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS Oxon Hill YES. Palmer Rd., Apt. 12 P.G. NO [ Md. MIDDLE Decatur WiStepfather) FIRST 14. FATHER'S NAME MIDDLE James **Eells** Darlene Knight Foster OE 166 SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? SameDDES Above Thompson, Husband 217-68-8932 Ronald L. No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c).) PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 301 W. PRESTON ST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. SED AS A BU HEALTH AN CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES NO T BE DEPARTMENT PRIOR TO BURL 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 SHOULD FOR HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY 21f. LOCKTION 21d INJURY OCCURRED WHILE AT WORK AT WORK TO MEDICAL EXAMINER: T FACCUTE THE CERTIFICATE, PACE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 217 22e. I certify that I took charge of the remains described above, held an Accident Hamicide death resulted from: Natural coures Undetermined monner TITLE (SPECIFY) MEDICAL EXAMINER SIGNED. TANTALLON, MD 12800WILLOW WIND CIRCLE, 20022 (TYPE OR PRINT) AUGUSTO P. ADDRESS 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY Temple Hills St. Barnabas Ch. Cem B - 16 - 79Burial DHMH-17 20M 1/73 Wilhelm 4308 Suitland 24. FUNERAL DIRECTOR ROOT E (VR A15 ME (5)) Suitland, Md. Funeral Home

89-07543

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME TYPE OR PRINT 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5 DATE OF BIRTH MONTH DAYS Caucasian 10 To BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH U.S.A. Maryland PRINCE GEDRGE'S CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife Home BALTIMORE, MARYLAND 21201 13d INSIDE CITY LIMITS? 7724 Delano Road Clinton George Marvland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Adel Ching Alvey Fannie Thomas ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579-60-4780 Richard L. Thompson Same as 13a-e. a 20 18 CAUSE OF DEATH (Enter only one couse per line for La PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., 0 PRAGMAT Conditions, if ony, which gove rise to immediate and couse to), stoting the underlying couse lost ā PART 2 OTHER SIGNIFICA 7 CERTIFICATION 46 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? Noti NOX YES-T NO F 7 In ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM ner 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 220.1 certify that (1) (this hospital) attended the deceased from Exan MARY sow the deceased alive on \_ above, (1) (10) (did) (did) 22c. DATE SIGNED 22b. SIGNATI  $\pm$ DIRECTOR PHYSICIAN a 22e ADDRES U 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Bella Meth. Church Camp Springs DHMH - 16 60M 1/75 Old Alexander Ferry Rd. Clinton, Md (VR A 15 (4))

The second of motors and and · a. a. a. bins for all and at many the same of the sa

Discount of ACCC x control of the branch of nnid o eined vevil e e

579-67-6780 Lightrude, Thomas - Lune as 13:-0.

Law J. 1979 Tells Law C. Uarrell Law Decement 1. C. Mat.

Sear of the Alexander Petry Ld. Climbon, was a light of the Action of th

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-07645 CERTIFICATE OF DEATH page 3 Dept. 1. DECEASED-NAME First Middle Last 20 DATE OF DEATH 2b. HOUR (Type or print) Month 1979 2:30 DM George R. Thornton March 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IE HNDER 24 HRS last birthelay) MONTHS DAYS HOURS Male Sept. 4, 1908 Caucasian 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Wash. D.C. U.S.A. WIDOWED | DIVORCED [ Prince George's 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital pe 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Carson during mast of working life, even if retired.) INDUSTRY BALTIMORE, MARYLAND 21201 Oxon Hill Avenue Accounting Newspaper 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN P S 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Maryland 13b. COUNTY Prince Geo. YES 😨 NO 718 Carson Avenue Oxon Hill 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Lost Richard Thornton Mattie E. Berry 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address 718 Carson Ayenue Oxon Hill, Ma (Yes, na, arunknawn) 578-10-2095A Edna J. Thornton 1B. CAUSE OF DEATH (Enter only one cause per line-for (a), (b), and-(c).) PART I. DEATH WAS CAUSED BY: Dalette PRESTON STREET, an sucollia IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse ā PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 301 permit. DIVISION OF VITAL RECORDS, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO [ burial, 21a. ACCIDENT WAS UNDERLYING T 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING [ CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natily medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Not while at wark 220. 1 certify that (1) (this hospital) oftended the deceased from that (1) (we) lost [C] and that in (my) (our) opinian death accurred on the date and hour and from the sow the deceased alive on Milli causes stated abaye (t) Twe (did) (did nat) view the bady after death. DIRECTOR: 22b. SIGNATUR 22c. DATE SIGNED detached ATTENDING Me DIRECTOR . DEGREE PHYS. 22di PHYSICIAN'S 22e. ADDRESS 6188 Oxon Hill Rd., Oxon Hill, Md. NAME (Type) Herbert Wisotsky 0 23c. NAME OF CEMETERY OF CREMATORY
Maryland Veterans Cem. 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. 23b. DATE (County) (State) REMOVAL(Specify) of St 9 tenham Cemetery Buria Cheltenham Pr. Geo. Maryland 24. FUNERAL DIRECTOR George P. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR Kalas OHMH-16 1/71 30M 6160 Oxon Hill Rd., Oxon Hill, Maryland Tirtry Malready DATEMIAK (VR A15 (4))

STATE OF MARYLAND

13-07645				
	) n			,
			12CH b	
	POPELLINE AND			
	62.51		Vocumbule:	
	5.44 1905 NE - F	Transit a est		inter.
Jan 12 mest			12.07.4	
	Sat Louis		ME TO SERVE	

~		1			STATE OF MARYLAND		
1		1.	FOR - STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	YGIENE REG. NO	79-07646
	(2,1)1		CEASED NAME FIRST HELEN	) E	THRIFT	20 DATE OF DEATH M	3 08 79 2 AN
		3. SE		Cauc.	5. DATE OF BIRTH  MONTH DAY  YEAR  93	6 AGE (IN YEARS LAST BIRTHI	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	1 200	7a B	RTHPLACE STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	8.  MARRIED NEVER MARRIED DIVORCED DI	PRINCE (	
	by the filled with	10 C	RESTVILLE	NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
ND 212	hin 24 hours ly filled in E should be fi	USU 130	AL RESIDENCE (IF NURSING HOME OR OTHER TATE)	HER INSTITUTION, GIVE RESIDENCE BEFORE	N 134 INSIDE CITY LIMITS?		al St. SE
MARYLA	mpletely to and 2 sho	14. F/	ATHER'S NAME FIRST CHARLES	1000 3111	15 MOTHER'S MAIDEN N FIRST	NAME MIDDLE	ROUSSER
IMORE,	Poges 1		VAS DECEASED EVER IN U.S. ARMEL (1ES, NO OR UNKNOWN) (1FYES, GIVE WA	D FORCES? 166 SOCIAL SECU		ADDRES STHRIFT S	AME AS 13
T., BALT	physicio in papers maval.		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	Y. (TAN			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STONS	death cer intending ive carbo ion, or re sumatic e		2500 Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF ULAR INSUFF	iciency	3 results
W. PRE	hat the death as by the attendin ase remove corb I, cremation, or other traumatic		gove rise to immediate couse (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF TES		348ANS
DS, 20	signed hen pled to buriol	z	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	rminal disease or cond	ITION GIVEN IN PART 1(0)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	he law rec no. has been permit. T ene prior t	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSÝ?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES  NO  NO
OF VITA	PHYSICIAN: The ending physician this certificate he burial-transit par Membel Hygier and Membel Hygier do r tem 18 shared		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT IFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	JRRED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
IVISION	ING PHYS  r attending  Mer this cost the bur  th and Me  orked or the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	END of	1	220.1 certify that (1) (this hospital) sow the deceased alive on above, (1) (we) (did) (did not) vi	FEB 27 197		on death occurred an the dat	e and hour and from the causes stated
	TAL OR ATT y the hospin RAL DIRECTO detoched for note Dept. of		22b. SIGNATURE		DEGREE TIENDING	MEDICAL STAFF	
	TO HOSPITAL TO FUNERAL should be deti with the State		22d. PHYSICIAN'S NAME (TYPE OR PRI	-	0. 6188 0	KON HILLI	ed, exantice
	PP	23a. (	BURIAL, CREMATION, REMOVAL TO SPECIFY BURIAL	3/10/79 CE	NAME OF CEMETERY OR CREMATOR	23d LOCATION CITY OR TOWN	of COUNTY ASTATE
	DHMH - 16 50M 7/77 (VR A 15 (4))	24. F	UNERAL DIRECTOR P. KALAS 6160 0)	XON HILL Rd. 0	/		56. REGISTRAR'S SIGNATURE  Tiofony McCready

79-07616 13 67 77 3紫 B UBBH THEFT Care 8 42 53 X GEORGES WASH. D.C. 1158 REGENCY AUX THE RIVE HEART RELIEF HEART EDVERTILLE T Lucinagen is 107 Upsal S. S.E. AND THE STATE OF T And the second of the support of the support of the second FOR STATE

	ARYL
DEPARTMENT OF HE	ALTH AND

AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-07647

		REGISTRAR							REG. NO	).			
		CEASED NAME	FIRST		MIDOLE		AST	20. DATE C	OF DEATH A	NONTH D	AY YEAR	26 HOI	JR
	,,,,,		PHOLE	,	E.	TODD		100	0	3-19-	79	4.1	OP. M
	3. SE2			4 RACE		5 DATE C		6. AGE (IN	YEARS LAST BIRTH		IF UNDER 1 YEAR	HOURS	
	I	Male		White		4-	19-1898 YEAR		80	YRS	AONTHS DAYS	HOURS	MIN.
1		RTHPLACE STATE OF FO	DREIGN	Th CITIZEN OF	WHAT COUNTRY?	8	- CAUTIVED WARRIES C	9. BALTIM	ORE CITY OF		OF DEATH		12.0
170		Carolin	a	U.S.A		WIDOWE	D NEVER MARRIED U	POTA	NCE GEO	PCFIC	COLINIT	Y	MD.
5		TY OR TOWN OF DEA				IG HOME C	OR OTHER INSTITUTION	12a. USUAI	LOCCUPATIO	N	12b. KIND	OF BUSIN	
574		CHEVEDIA			GEORGE S		RAL HOSPITAL		nter	WORKING LIFE		ntin	C
2		CHEVERI AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)						11021	-
126	130 5	Md.	13b COUN		13c CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET	$\frac{1}{2} - 0$	+++	Stron	+	
100	14 FA	THER'S NAME	Pr.G	eo.	Mt.Rain	1er	15 MOTHER'S MAIDEN NA		2 - 0	<u> </u>	Stree	<u> </u>	-
1111		FIRST	Unkn	AIDDLE	LAST		FIRST	Unkno	MIDDLE		t.	AST	
O A	1An V	VAS DECEASED EVER			166 SOCIAL SECU	IRITY NO	17 INFORMANT	OILLLIO		8807	-34th	Azro	
1 5		NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)			- 1 11 m	odd (			ege P		
9					216-09-		1 Rudy M. 1	odd (	5011)	COLL		XIMATE INT	
t'u		18 CAUSE OF DEAT PART I. DEATH W	H (Enter onl (AS CAUSE)	y one couse per BY:	time for 10 (10), on	d (c).)	Arrest				BETWEET	ONSET AN	DEATH
-		FINA	IMMEDIAT	E CAUSE (0)	ande	ac	1000631						
ŧoE		2612		DUE TO, O	R AS A CONSEQUI	ENCE OF	Cl. Va						
ran	199	Conditions, if ony,		(b)	20 P	-	& close		-				
ather	-	couse (a), stating	ig the	DUE TO, O	RASAGONSEOU	ENCE QF	1 m	3 sce					
ō	100			(c)	Sens	DU	is a M						
ديم.	z	PART 2 OTHER SIGN	VIFICANTO	- /	0-	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEA	SE OR COND	DITION GIV	EN IN PART 1	(0)	
<u>-</u>	CERTIFICATION	196 DATE OF OPERA	me	ofes	C VO	COPERATION	N WAS PERFORMED	20g. AU	TOBSY2	Tank IE VES	, WERE FIND	INICELIE	ED.
200	NO.	3 10	\ a	196. COND	ITION FOR WHICH	OPERATIO	100		./	IN CERTIF	YING CAUSE	S OF DEA	ATH?
of of	RT		2	21b, TIME C	S INTILITY	80	121c HOW INJURY OCCUR	YES _	NON		S	NO	
9	_	OR CONTRIBUTING		110110 4		AY YEAR	ZIC HOW INJURY OCCUR	KKED (ENIEK	VATURE OF INJUR	TIN HEM 18, P	ART FOR PART 2)		
He He	Q.	(IF EITHER, NOTIFY MEDIC			M	19	and a second						
marked or Hem 18 sh	MEDICAL	21d. INJURY OCCUR!		21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	21f LOCATION STREET		CITY OR TOW	И	COUNTY		STATE
orke		AT WORK AT WO								1-0	71-		
E S		22a 1 certify that (1)		-	e deceased from_	200	_ / \	, to		- 14	19_/7		(we) lost
n 21			did) (did no	view that body	after death.	1 0	nd that in (my) (our) opinion	deoin occur	rea on the go	te ona nou			
He		176 SIGNATORE	0	X	0,00	1/	ATTENDING I	MEDICA	L STAF	F	22c. DAT	ESIGNED	20
<u> </u>		600	2 CK	10	Helder	MI	ATTENDING PHYSICIAN	DIRECTO	R PHYSIC		5	50	19
STAP		274 PHYSICIAN'S N.	AME DYPE OF	I Square	11	1	22e ADDRESS	21		1			
MPORTANT: #	-	JOSE:	Th	00	ELIA	SR.	TP.600 4.	Ch	160 E	28 1	w	1-1	),
≤	23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. 1	NAME OF	EMETERY OR CREMATORY	23d. LOC	CATION		COUNTY	5	TATE
	1	Burial		3-22-	79 08	klan	d Methodist	Syl	kesvi]	lle C	arrol	.1	Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

Nation of the Na Mt. ADDRESSainier, Md.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST 20 DATE OF DEATH 2b HOUR (TYPE OR PRINT) :25 A.M 03 30 79 GIACOMO TOMASSETTI 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 2 2 97 12 8 1 Male Caucasian TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED & NEVER MARRIED Prince Georges County USA Italy WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY. GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SOUTHERN MARYLAND HOSPITAL CENTER Clinton Contractor -Building USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 411 71st Street Prince Georges Seat Pleasants X Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 2/60 Domenico Tomassetti Caterina Fiaora 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Above (YES. NO OR UNKNOWN) [ IF YES, GIVE WAR OR DATES] Adelina Tomassetti, Wife, Same as No 091-30-6492 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY UREMIA IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF RENA-L FAILURE Conditions, If any, which gove rise to immediate couse lot, stating the ARTERIOSCLEROSI'S CERTIFICATION NARY DISEALE-GASTROINTERTINAL BLEEDING 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? per 18 shaws YES [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 4400 STAM RI) 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS KOLEGH TEMPLE HILLS - UD 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE STATE (SPECIFY Cedar Hill Mausoleum Suitland, P.G., Md. 4308 Suitland propage REC POBY EGISTRAR ZALASSISTER COMME 24 FUNERAL DIRECTOR RODE DHMH - 16 60M 1/75 Funeral Home (VRA 15(4)) Rd., Suitland, Md.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 2b. HOUR TYPE OR PRINT ESTI-E FUNERAL DIRECTOR.

5 FOR YOUR FILES.

D, WITHIN 72 HOURS

W. PRESTON STREET, SADYE M. DEATH MATED 3 TRAMMEL DATE OF BIRTH AGE (IN YEARS IF UNDER I YR IF UNDER 24 HRS DATE PRONOUNCED DEAD 7a. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) GEORGIA U.S.A. WIDOWED DIVORCED 3 2, AND 3 TO THE FL 3. RETAIN PAGE 5 SHOULD BE FILED, V 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 17h. KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE) OR INDUSTRY PRINCE GEORGE'S GENERAL HOSPITAL CHEVERLY PRACTICAL NURSING NURSE RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN T.3d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND PRINCE GEORGE OXON HILL 9304 LOCKSLEY DRIVE FR DL. NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST JAMES LACY, SR. (UNKNOWN) DIVISION OF 166 SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS IYES NO OR UNKNOWN I LIF YES GIVE WAR OR DATES! NO 258-03-7742 JOSEPH T. LACY-ADDRESS SAME AS #13 ABOVE. 18 CAUSE OF DEATH (Enter only one couse persons for (a), (b), and (c) BETWEEN ONSET AND DEATH he corder Vercular delsa PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE. DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT REMOVAL Canditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause lost. 0 PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ⋖ USED 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF TO BURIAL YES 🗍 NO [ BE 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 2Tc. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM FTC 1 CITY OR TOWN WHILE STATE WHILE AT WORK 22a. I certify that I took charge of the remains described obave, held on DIRECTOR death resulted fram: Notural causes Hamicide Undetermined manner TITLE (SPECIFY) TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, V Z Deputy MEDICAL EXAMINER MORE EXAMINER'S NAM Augusto P. Rodniguez, M. D. 12800 Willow Wind Circle. Oxon Hill 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY BURTAT MAR. 20, 1979 SOUTH VIEW CEMETERY AUGUSTA-RICHMOND CO.-GEORGIA 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** CHAMBERS FUNERAL HOME - RIVERDALE, MARYLAND (VR A15 ME (5) 15M7/77 46566250

STATE OF MARYLAND

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

REGISTRAR

- STATE

**BALTIMORE CITY OR COUNTY OF DEATH** PRINCE GEORGES COUNTY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 8604 PRETORIA COURT VINEYARD TRAVIS 8604 PRETORIA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (man) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Malcolm Grow Hosp. Andrews A.F.B., Md Fort Myer Arlington Va Burial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Home. Inc. Alexander Ferry Rd. Clinton, Md MA

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

79

DAYS

HOURS '

MIN

IF UNDER 1 YEAR

MONTHS

02370-8Y MELL LATER MILADUAN CONTRACTOR Y SUMMER AND REPORTED BY A THE COLUMN TO SEE THE SECOND SE Surial Par. 14,1979 arilington But. Com. Fort Eyer willington the lugared lock inc. Inc.

Alusa I Alusa 77 William & Adaption of the State 

Commence of the second 
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR			EALTH AND MENTAL HY	GIENE REG. NO	79-076	52
}		CEASED NAME FIRST EOR PRINT)  X  FEMALE	A RACE WHITE	S. DATE O	DAY YEAR	20. DATE OF DEATH	3 - 7 - 7 9  HDAY) IF UNDER 1 YEAR  MONTH'S DAYS	
10	10 Ci	IRTHPLACE ISTATE OR FOREIGN OUNTRY)  PENNSYLVANTA  ITY OR TOWN OF DEATH  HYATTSVILLE	U.S.A.  1). NAME OF HOSPITAL  HE NOT IN SUCH FACILITY.	MARRIED WIDOWE , NURSING HOME O GIVE STREET ADDRESS)	□ NEVER MARRIED □	PRINCE 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O	ON 126 KIND	MD. OF BUSINESS OR
5	14 FA	ATHER'S NAME FIRST A  JOHN	TY FGOMERY SIL	VER SPRIN	13d INSIDE OTY LIMITS?  3YES X NO   15. MOTHER'S MAIDEN NO FIRST  ANNA	AME	TORI	AST
2		WAS DECEASED EVER IN U.S. ARAYES, NO OR UNKNOWN) (1F YES, GIVE	WAR OR DATES)	7-05-2600		COUSIN ADDRE	SS PLACE.	NEWARK NO
	TION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CO	ONSEQUENCE OF ONSEQUENCE OF	NOT RELATED TO THE TER/		DITION GIVEN IN PART I	
7	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?  YES NO	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	INGS USED S OF DEATH?
9	MEDICAL CER	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22d. Certify that (I) (this MOSPIT sow the deceased alive on above. (I) (we) (did) (did) at 22b. SIGNATURE	P.M. 21e. PLACE OF INJUR (AT HOME, STREET, FACTOR  THE Ottended the deceose	NTH DAY YEAR  19  Y RY, OFFICE, FARM, ETC.)  ed from  19  19  . on	211 LOCATION STREET  , 19  d that in (my) (cor) opinion		county  19 7 9  19 one ond hour and from the 22c. DAT	, that (I) (we) lost e couses stated
1		JAMES FOST	PRIMTY ER	ile, Mi	ATTENDING PHYSICIAN 22e ADDRESS WASHINGTO	DIRECTOR DHYSIC	1an 3/	7/74
		BURIAL, CREMATION, REMOVAL SPECIFY)  CREMATION UNERAL DIRECTOR Franci	23b. DATE 3/8/79 S J. Collina	METROPOL	TAN CREMATORY	RY ALEXAN	A . A	RGINTA TO

20901

REC.

DHMH - 16 50M 1/76 (VR A 15 (4))

500 UNIV BLVD, W., SILVER SPRING, MD.

Mt. Rainier. Md.

FOR

24 FUNERAL DIRECTOR

Nalley's F.H. Inc.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 1235

HOURS

126 KIND OF BUSINESS OR

**SCHNEIDER** 

APPROXIMATE INTERVAL

STATE

STATE

Va.

IF UNDER 24 HRS

a M

31 1979

YES [

COUNTY

COUNTY

250. DATE REC'D, BY REGISTRAR 256. RESISTRAR'S S

22c DATE SIGNED

IF UNDER 1 YEAR

DAYS

Medical

DHMH - 16 50M 7/77 (VR A 15 (4))

rinc coic cos cil Osc	S 1913 Con X Theref	Yeu X	Larow USA xon Hill HEwall	Cau USA Maicoln Georger	etts Pb, No Prince	.ms coms Andrews A aryland
rinc caic CLOS	S 1913 Con X Theref	Yeu X	Larow USA xon Hill HEwall	Cau USA Maicoln Georger	etts Pb, No Prince	.ms coms Andrews A aryland
edic 2105	Cen x ltherf vie Utbe	belt 3	xon mili	George	Po, Me Prince	Ancrows A
290s	x tradit viv Ufbe		xon mili	George	Prince.	ary) and
9.0	iredar Vie Uthe		110-31			
	vie Utbe	oʻl 1	120-31			
ojo lis			and vir en			
	T.V.		0.2C-73-10	· (7)	1-01-21	201
	The second second	- X	andrie .			
5 July 3						
		7		V 1014		
						TO BE
1			garley-		10347	273
Y					UE/2 1	
			-V - cm	The contract		

en mayeye e. s. s. s. contractor e. . APR 9 1879

79-07654 100 - 100 - 1 - 1 - 100 - 3 - 100 - 3 - 100 - 3 - 100 The same of the sa the same of the sa White the man metal and the second of the se The same of the sa The state of the s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 79-07655 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH (TYPE OR PRINT) Elsie M. VanAlstvne MARCH 1979 1:35A N 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 5 DATE OF BIRTH 3 SEX 4 RACE HOURS Female White May 1905 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's Virginia WIDOWED TO DIVORCED [ CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Doctors' Hosp. of Pr. Geo. Co. Housewife. Home Lanham W. PRESTON ST., BALTIMORE, MARYLAND 2120 SUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Prince Geo Riverdale 6901 Vallery Street 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE James Hall Rose Anna Harrison 160 WAS DECEASED EVER IN U.S. ARMED FORCES" 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 578 12 7594 Mrs. Florence Hawkins Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY PANCREATITIS 3 me DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse ia, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F YES Shoy 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM, ETC.) AT WORK -27 22a.1 certify that (1) (this haspital) attended the deceased from, 3-26-79 sow the deceased alive on , and that in (my) (our) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view we body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 3.27should be deta with the State [ DIRECTOR PHYSICIAN MPORTANT PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS ROGER B. INGHAIM CARROLL TOR 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b. DATE (SPECIFY) Mar 30, 1979 Ft Lincoln Cemetery Brentwood Pro George Burial 250. DA PRC'A, BY REGISTRAR 256. RIGISTRAM SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76

F. Gasch's Sons P A Hyattsville. Md.

(VR A 15 (4))

| Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vanishing | Vani

AND THE THEORY OF THE PROPERTY AND A PARTY OF THE PARTY O

## FOR - STATE

ond 2 should be

s the buriol-tronsit permit. Then and Mental Hygiene prior to be

should be detached for use as the bit with the State Dept. of Mealth and N TO FUNERAL DIRECTOR:

IMPORTANT: If he

74 FUNERAL DIRECTOR
NAME
F. Gasch's Sons P A Hyattsville, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

7	9	-	0	7	6	5	6
9	0		-		_	-	_

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

REGISTRAR			CERTI	ICATE OF DEATH	REG. NO	D. 1 J	UI	000
DECEASED NAME	FIRST	MIDDLE	ı	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	ohn	W.	Was	mer	Mar	ch 16, 1	979	1:35 p
3. SEX	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		DER I YEAR	IF UNDER 24 HRS
male	whit		Jul	y 20, 1908	70	YRS MONTH		HOURS MIN
To. BIRTHPLACE (STATE OR FOR	REIGN 76 CITIZEN	OF WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF D	EATH	
Md	U	SA	WIDOWE		Prince G	enroe's		MI
O CITY OR TOWN OF DEAT	(IF NOT IN	SUCH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF C & P Tele	ON 121 WORKING LIFE) IN	DUSTRY	F BUSINESS OR
Riverdale USUAL RESIDENCE (# NURSH		Leland Me		IL Hospital	o a r rere	phone po	, web	a I I maii
13a. STATE	oro Georges	13c. CITY OR TOW	N	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 4215 Ogle	thrope s	st	
4. FATHER'S NAME				15 MOTHER'S MAIDEN NA				
	iam S Wagne				Mae Kepling		LAST	
(YES, NO OR UNKNOWN)	N U.S. ARMED FORCE (IF YES, GIVE WAR OR DATES	S? 166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE			
no	(11 100, 0110 1110 0110 0110 0110 0110 0	577-01-2	911	Martha E	Wagner Hya	ttsville	, Md	•
Conditions, if ony, gove rise to immucouse (o), stoting underlying cause	MMEDIATE CAUSE (o)  which ediate the DUE TO (c)  IFICANT CONDITIONS	), OR AS A CONSEQUE	NCE OF	Hy fer	Thrian.  AINAL DISEASE OR CONT	DITION GIVEN IN  20b. IF YES, WEF IN CERTIFYING	RE FINDIN	GS USED
T L					YES NO	YES 🗌		NO 🗌
OR CONTRIBUTION C	AUSE OF DEATH HOUR	A.M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 O	OR PART 2)	
(IF EITHER, NOTIFY MEDICAL  21d. INJURY OCCURRE  WHILE NOT WHIAT WORK AT WORK	LE [] (AT HOM	CE OF INJURY E. STREET, FACTORY, OFFICE, F	ARM, ETC.)	216 LOCATION STREET	CITY OR TOW	'N CC	YIMUC	STATE
220.1 certify that (1) ( sow the deceased	this hospital) attended d olive on Mayor d) (did not) view the bi	h 16 19	79.0	nd that in (my) (our) opinion	deoth occurred on the do			that (I) (we) los couses stated
22b. SIGNATURE	MP().	/		DEGREE		1	22c DATES	SIGNED
15-77	1130	2		ATTENDING PHYSICIAN	MEDICAL STAF	IAN []	3-16	5-79
22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)	P. SING	H M				7 10	
K. Math	iew, M. D.	elia de aumin		3700 East W	est Highway	, Hyatts	ville	e, Md.
230 BURIAL, CREMATION, R				EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUN	TY	STATE
(SPECIFY) Burial	Mar ]	19, 1979 M	t Oli	vet Cemetery	Frederick			Md.

250 DATE REC'D.

DHMH - 16 50M 7/77 (VR A 15 (4))

	Server Server Server
more killed by danded kill for a second	
to secondary FISE 1	pillerited percel of
Howard and Mark	the state of the s
The parties of the same of the same	FT07-10-TT
See A Company of the see and t	Con Con Con Vice
the posture	
	om JAPAN
	OF HAMES A VERY COLOR
Constant resident to being th.	territorio escelario de la la contracta de la
	. https://www.selevins.com/selevins/sel

the attending physician and car remave carbanpapers. Pages 1

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remave carbanapaper with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar remaval.

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

19-0/65	1-07657
---------	---------

Bodie of Perior   Prince of Pe	1.	FOR  STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH		7 (	9 - 0 7	657	
SEX   FRACE   SUBSTITUTION   S.   Walter   Substitution   Substi		CEASED NAME	FIRST		MIDDLE	L.	AST		140.		26 HOUR	
SEX   FRACE   SDATE OF BIRTH   SOURCE   SDATE OF BIRTH   STATE   SDATE   SDA	(TYPE		Mario	2	S	Wa1+	0.75	Man	-1- 26	1070	10 /0 4	
Pemale	3. SE				<u> </u>	5. DATE O	FBIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS				
BRITHPIACE (SMATCH SOURCE)   The COUNTY	F	emale	15-49	Whit	е		15,1895 FAR	83		ONTHS DAYS	HOURS MIN	
Maryland  10 CHYORTOWN OF DEATH  Riverdale  11 NAME   Suppose   Least Memorial   Hospital   The Kind of Busines   The Kind of Busine	7a B	IRTHPLACE (STATE OR FC	DREIGN /	L CITIZEN OF	WHAT COUNTR	Y? 8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	1550	
Riverdale    Such a such a superance   Sup						WIDOWE	D DIVORCED	Prince G	eorge's		MD.	
Riverdale   Eugene Leland Memorial Hospital   Clerk Ret.   US GOV't	2 10 C	ITY OR TOWN OF DEA	TH				ROTHER INSTITUTION	TYPE OF WORK FOR MOS	TOF WORKING LIFE			
18. STATE   19. COUNTY   19. COUNTY   19. COUNTY   19. CONTON   19.				Eugene	Leland	Memori	al Hospital	Clerk	Ret.	US Gov	r't	
Theothelos  Shryock  Theothelos  Theothelos  Theothelos  Theothelos  Shryock  Theothelos  Theothelos  Shryock  Theothelos  Theothelos  Shryock  Theothelos  Theothelos  Shryock  Theothelos  Theoth	5 13a. S	STATE	139 COUN.	TY	13c. CITY OR TO	NWN		13. STREET ADDRES	lethorp	e Stree	et	
18 CAUSE OF DEATH (Enter only one couse per line for (a), lb), gnd (c)   PART I. DEATH (Enter only one couse per line for (a), lb), gnd (c)   PART I. DEATH (Enter only one couse per line for (a), lb), gnd (c)   PART I. DEATH (Enter only one couse per line for (a), lb), gnd (c)   PART I. DEATH (Enter only one couse per line for (a), lb), gnd (c)   PART I. DEATH (Enter only one couse per line for (a), lb), gnd (c)   PART I. DEATH (Enter only one couse per line for (a), lb), gnd (c)   PART I. DEATH (Enter only one couse per line for (a), lb), gnd (c)   PART I. DEATH (Enter only one couse per line for (a), lb), gnd (c)   PART I. DEATH (Enter only one couse per line for (a), lb), gnd (c)   PART I. DEATH (Enter only one couse per line for (a), lb), gnd (c)   PART I. DEATH (Enter only one couse per line for (a), lb), gnd (c)   PART I. DEATH (Enter only one couse per line for (a), lb), gnd (c)   PART I. DEATH (Enter only one couse per line for (a), lb), gnd (c)   PART I. DEATH (Enter only one couse per line for (a), lb), gnd (c)   PART I. DEATH (Enter only one couse per line for (a), lb), gnd (c)   PART I. DEATH (Enter only one couse per line for (a), lb), gnd (c)   PART I. DEATH (Enter only one couse per line for (a), lb), gnd (c)   PART I. DEATH (Enter only one line death (e), gnd (		ATHER'S NAME FIRST	м			ck	FIRST	MIDDLE	Malo	ne LAST		
PART I. DEATH WAS CAUSE BY IMMEDIATE CAUSE (10) CON 95 INVERTIGE AND SECURICE OF CONTRIBUTE COUNTY COUNTY STATE OF THE PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING COUNTY STATES AND CONTRIBUTION CONTRIBUTED TO THE TERMINAL DISPASE OR CONTRIBUTION CONTRIBUTION CONTRIBUTED TO THE TERMINAL DISPASE OR CONTRIB	16a. V	160, WAS DECEASED EVER IN U.S. ARMED FO			166. SOCIAL SE	CURITY NO.	E. Leo Walte	er (Husband	same	as blk	13e	
OR CONTRIBUTING	CATION	couse (a), stating the underlying couse tast  PART 2 OTHER SIGNIFICANT CONDITIONS CO			ni Inal	O DEATH BUT		JET gite	20b. IF YES,	WERE FINDING	GS USED	
OR CONTRIBUTING CAUSE OF DEATH (IFETHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK OR AT WORK  22d. I certify that (I) (this haspital) attended the deceased from sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death.  22b. SIGNATURE  DEGREE  M.D.  ATTENDING PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN  22d. PHYSICIAN DIRECTOR	실플							YES NO		_		
WHITE NOTWHITE   120.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive an 3.25. 19.79, and that in (my) (our) apinion death accurred on the date and hour and from the causes state obove, (I) (we) (did) (did not) view the body after death.  27b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIR	(2)	OR CONTRIBUTING C	AUSE OF DEAT	HOUR A.	M. MONTH		21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18, PAR	RT 1 OR PART 2)		
sow the deceased alive on 3.25. 19 79, and that in (my) (our) opinion death accurred on the date and hour and from the causes state obove, (I) (we) Idid (Idid not) view the body after death.  27b. SIGNATURE  DEGREE  ATTENDING PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN 3/26/79  27c. ADDRESS 3700 FAST WEST HIGHWAY  VIKENDER  27c. ADDRESS 3700 FAST WEST HIGHWAY  Suite 10. HYATTS VILLE Md. 20782  27d. BURIAL, CREMATION, REMOVAL 23b. DATE  27d. NAME OF CEMETERY OF CREMATORY PHYSICIAN STAFF PH	MEDIC			21e. PLACE (AT HOME, STO	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC.)		CITY OR I	OWN	COUNTY	STATE	
726. PHYSICIAN'S NAME (TYPE OR PRINT)  VIRENDER  P. SINGH  220. ADDRESS 3700 FAST WEST HIGHWAY  Suite 10. HYATTS VILLE Md. 20782  736. BURIAL CREMATION, REMOVAL 23b. DATE  136. NAME OF CEMETERY OR CREMATORY  COUNTY  STATE  Burial 3/28/79  Gate of Heaven  Silver Spring Mont. Md		saw the decease above, (I) (we) (d	d olive on_	3.2	519	<u>79</u> , on	DEGREE ATTENDING	MEDICAL SI	date and hour	and from the co	IGNED	
Burial 3/28/79 Gate of Heaven Silver Spring Mont. Md		22d. PHYSICIAN'S NA	AME (TYPE OR	PRINT) P.	SING	14	220. ADDRESS 3700	EAST	WEST	4161	782	
Burial 3/28/79 Gate of Heaven Silver Spring Mont. Md	23a. I	BURIAL, CREMATION,	REMOVAL	23b. DATE	23	. NAME OF C	EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE	
		Burial		3/28/	79	Gate	of Heaven	Silver	Spring		Md.	
Francis Gasch's Sons, PA Hyattsville, Md. 250 DATE REC'D BY REGISTRAR 256 REGISTRAR 25		MARKE	nob! c	Sans D	A LIADDRESS	errilla	Md 250 DAI	E REC'D. BY REGISTRA	AR 25h/REGISTR	AR'S THE WILL	RELY	

6100 DHMH - 16 50M 7/77 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The

etained by the haspital ar

19-07657				
	1842	1201		District Company
			100	The Lynn I
Afred All Co. His Section 1				
January spread of 10 You			Pr. 900. Han	Ell am Cytal
her Jelf her Jelf		1000		
other and a serie (onered to the	de ca	1480 h-21	432	of the
		N.		
Birrar apriled light, 1981.	nuwnoN 3		2/20/72	D. Service and A.
	19	TIME!	14 Saint 12	Contact Tomoral

n signed by the ottending physicion and completely filled in by the funeral director. Then please remove corbanpapers. Pages 1 and 2 shauld be filled within 72 hours of

should be detached far use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal. TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending

m 21 is marked or Item 18 shaws

MPORTANT: If he

injury, ar other traumatic

must be notified at once.

	Ĺ	FOR STATE REGISTRAR			2347	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO. 79-07658								
		CEASED NAME OR PRINT)	RAYMO		Lee	WASH INGTON			20. DATE OF DEATH	1 79	25 HOUF	30PM		
	3. SE	Male		RACE Bla	ack	5. DATE C		YEAR 13	6. AGE (IN YEARS LAST BIRT	YRS	IF UNDER 1 YEAR	IF UNDER 2	MIN MIN	
1	V		.c.	US		WIDOWE		ORCED 🔣	PRINCE GEO	RGES	OFDEATH		MD.	
1	CHEVERLY			PRINCE	HOSPITAL, NURSIN	GENERA			17e USUAL OCCUPATION OF COMMON TO CO		126. KIND OF BUSINESS OR INDUSTRY			
5	130 S Ma	AL RESIDENCE (IF NUP STATE aryland	13b COUNT Dist	TY	13c. CITY OR TOW			40 🗆	13e. STREET ADDRESS 6811 Alp	ine S	Street			
C	14. FA	Percy	M	MDDLE	Washing	ton	15. MOTHER'S A		WIDDLE		Dix			
1		WAS DECEASED EVER YES, NO OR UNKNOWN) NO		AED FORCES? WAR OR DATES)	578-14-		17. INFORMAN Emile		estville, r-Daughte		22 Sure	ey S	q.	
	7	Conditions, if on gove rise to im couse 10, statu	MAS CAUSED IMMEDIATE  y, which imediate ing the e lost	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDE						DITION GIV	BETWEEN C	MATE INTERPONSET AND I	ZATH	
7	CERTIFICATION	19a DATE OF OPERA	NOITA	196 COND	ITION FOR WHICH	OR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO				
1		210. ACCIDENT WAS UN OR CONTRIBUTING [ (IF EITHER, NOTIFY MEDI	CAUSE OF DEAT	In .	OF INJURY .M. MONTH D. .M.	AY YEAR	21c HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, P	ART 1 OR PART 2)			
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,				E, FARM, ETC.)  211 LOCATION STREET			CITY OF TOV	COUNTY	COUNTY STATE			
	10 M	22a.1 certify that (I saw the decea obove, (I) (we) 22b. SCINATURE	sed olive on_	3-1	19	79 . or	DEGREE	TENDING /	MEDICAL STA	FF				
		AND DUNCHCIANNES A	I A LACE LA	1	100-		Tar. ADDDESS	75						

DHMH - 16 50M 7/77 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Buria 24 FUNERAL DIRECTO NAME

234. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

MD

Suitland, MD Memorial

Benning Rd., N.E. 4001 Stewart Funeral Home

ZIE DATE

03 01 70 2.309	NOT DATE:		954 6		
	22 34		alon1a		e" svi
PRINCE GEORGES			ven.	1.00.0	3 - 3 -
The Leading	HOSPITAL		DACED SOLIRE		Y29=X=15
SELL : Ipine Stradt   Lis			Tokali obli-		
Tracks Of Williams	ar ar	rest di			0.150
. To maxing Canderrent water		Maca			
	ONUS EL SANTO		AIL.		
			6 IL.		
Ata			A16		
			AIL.		
			.316		
			916		
			ATE.		
			.316		

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. DECEASED NAME MIDDLE 2a. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) 05 Sylvia M. Weber DM 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE [IN YEARS LAST BIRTHDAY] MONTH YEAR DAYS White Female 29 96 82 TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? COUNTRY MARRIED NEVER MARRIED Prince George's Wisconsin X USA WIDOWED 120 USUAL OCCUPATION 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Southern Maryland Hospital Clinton 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS P.G. Camp Springses IX NO 5819 Middleton Court Md. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME WIDDLE FIRST MIDDLE 16 Wilmont John Johnson Mary ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES. NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES) No 394-09-0053D Edward Weber, Son, Same as Above APPROXIMATE INTERVAL be 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10: ADVANCED CANCYBAMA DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate stoting DUE TO OR AS A CONSEQUENCE OF underlying couse 20 ā PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION WESMO W. TO 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be -S 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 11-101 MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 100 21f LOCATION 5 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from\_ 3-17 naw the deceased alive on. and that in (my) (our) apinion death accurred on the date and hour and from the courses stated above (h (==) (did) (did not) view the body after death DIRECT 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING " MEDICAL STAFF A. CARRI M.D. FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) should by CARRI 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Burial 3 - 21 - 79Cedar Hill Cem Suitland 24 FUNERAL DIRECTOR RObt 250. DATE REC'D. BY REGISTRAR 256. REGISTRA Wilhelm ADDRE 4308 Suitland DHMH - 16 60M 1/75 (VRA 15(4)) Funeral Home Rd., Suitland, Md.

STATE OF MARYLAND

3				,	FOR STATE		DEPARTM	STATI ENT OF H	HENE	79-07660					
	,	,			REGISTRAR		. 10	CERTIF	ICATE OF DEATH	REG. N	0.	1-01	obU		
		200			CEASED NAME FIRST Ralph	MIDD	DLE		Welch	20 DATE OF DEATH  Mare		1979	2b. HOUR 8:PM		
	Ma			3. SE	X	4 RACE S. DATE OF BIRTH MONTH DAY YEAR				6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR IF UNDER 24 HRS			
	Carl.			1	Male	white 76 CITIZEN OF WHAT COUNTRY?		Feb. 12 1905  8 MARRIED NEVER MARRIED		74 YRS MONTHS DAT			HOURS MIN		
	Ę		9 M		RTHPLACE (STATE OR FOREIGN OUNTRY)					9 BALTIMORE CITY C	OF DEATH				
	deal		5 /04	10 C	Ohio	USA WID			DIVORCED DIVORCED	Prince Georges			MD. BUSINESS OR		
. 102	rs after		7/	Ch	neverly	Prince	Georg	jes F	Iospital	(TYPE OF WORK FOR MOST O Retired	F WORKING LIFE	Millw	right		
LO AN	24 hou	filled in auld be	31	13a. S	STATE _ 186 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  1TY   136. CITY OR TOWN   13d INSIDE CITY LIMITS?   13e   13e   14   15   15   15   16   16   16   16   16				13. STREET ADDRESS 1502 Peri	3. STREET ADDRESS 1502 Pernell Court				
MARYLAND	J F J	mpletely and 2 sh	6	14. F.A	Charles	D. Welch Lena			WE						
BALTIMORE,	Your	Pages	medica			MED FORCES? WAR OR DATES) One 30	3 -03 H	RITY NO.	Myrna Fer	rell_dau-	(same	as #1	3)		
BALT	cate	ysicia apers aval.	nt, the		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per line	for (a), (b), one	(c)				APPROXIM BETWEEN OF	ATE INTERVAL NSET AND DEATH		
2 .12	Y sertific	NDING PHYSICIAN: The law requires that the death ce if or attending physician.  R. After this certificate has been signed by the attending use as the burial-transit permit. Then please remove carb teath and Mental Agriene prior to burial, cremation, or it will hand.	iatian, ar remavai. traumatic event, the		IMMEDIATE CAUSE (0) (accinomatogia)										
PRESTON	ed the				Conditions, if ony, which ( ) DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which ( ) Due to one of the Prostote ( ) 4 years										
₹	of the d		ar ather tra		gove rise to immediate couse (a), stating the underlying couse last.										
105, 201	quires #		njury, ar	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(p)										
L RECOF	sn.		Au 2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH	HOPERATION WAS PERFORMED		200. AUTOPSY? 20b. IF YES, WERE FINI IN CERTIFYING CAUS			GS USED OF DEATH?		
DIVISION OF VITAL RECORDS,	Clan: Th		9		2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	110110 111		y YEAR	21c. HOW INJURY OCCUR						
VISION	G PHYS		21 is marked ar Ite	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE		
۵	TENDIN			ļ	22a.1 certify that (1) (this heap is	2/18	19_	79 on	, 19 <b>7</b> 8 d that in (my) ( <del>out</del> ) apinion	death accurred on the de	ate and hour		not (I) ( <del>wo)</del> lost		
	ALOR AT	DIREC iched Dept.	# #em		obove_tly (mp) (md) (did not) view the body ofter death.  27b. SIGNAYURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3/2/79										
	O HOSPIT	ய வ்ல	MPORTANII		JOHN J.	LYNC1-	+ M. ]	٥.	106 IRVIN	GSTNW	WAS	Z 76 H	00/0		
1	50	1	≤	23a. [	BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE		
	ВР				Cremation 3-2-1979 Metropolitan Alexandria Fairfax Va.  Washer E. Pumphrey, Incomess Royal 250. Date Reco. By Registran 255 degrees \$100.000.										
		16 50M 1/76 A 15 (4) )						Loys	Sye MAI	R 7 1979	Justi	G THEON	7		
					1434 Ga. Ave.	5.5.1	vid.		INIA	1 10.0		·	4		

transition to the later to the 

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2a. DATE OF DEATH (TYPE OR PRINT) 03/ 20 79 :25P.MM **EMMA** C. WHITEMAN 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR HOURS 122 19 15 Female Caucasian 63 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Tennessee U. S. A. WIDOWED DIVORCED T Prince Georges County IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION He usual occupation Hmp Lox or most of working life) 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Packing Co. Clinton SOUTHERN MARYLAND HOSPITAL CENTER DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE, (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Prince Georges Upper Marlborn X 9705 Antioch Street arvland A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Williams Andrews Lester Annie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Antioch St. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Jacqueline Eurich-Upper Marlboro. No 415-22-4443 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARCINOMA METASTATIC DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 0 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T sho 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) H 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21e. PLACE OF INJURY 21f. LOCATION 21d. INJURY OCCURRED AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from  $\overline{9}$  , and that in  $(\underline{\mathsf{my}})$  (our) opinion death accurred on the date and have and from the causes stated saw the deceased alive an\_ above, (1) (we) (did) (did not) view the bady after death SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 20 Mar 70 PHYSICIAN V DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Piscataway Road 70 Chester A. Dialle, M.D. Clinton, Maryland 20735 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Newcrown Cemetery Indianapolis (Marion) Ind. 3/24/79 Burial Coleman-Upper Marlboro, Maryland 20870: 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE A. C. Home DHMH - 16 60M 1/75 MAR 30 1979 (VR A 15 (4))

13610-81 poster -- indeed -- indeed in one that is it is a second of the second a Chembar 1. Dialle, T. D. Oli ten, ten 1 mai 20735 3/21/ 9 49 5 5 5 6 6 7 12 1  FOR - STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-07662

		REGISTRAR				CERTIF	ICATE UP	DEATH	REG. NO						
20		CEASED NAME	FIRST	N	NDOLE	LAST			2a. DATE OF E		MONTH C	DAY YEAR	YEAR 26 HOUR		
5	(TYPE	ORPRINT)	MAE	G		W	HITESIDE				3 2	1979	1:40	) P.	
	3. SE)	(	-	4 RACE	-		DATE OF BIRTH		6 AGE (IN YEA	RS LAST BIRTHD	IDAY)	IF UNDER 1 YEAR	IF UNDER	R 24 HRS	
8		Female		Caucasi	an	MONTH Fet	H OAY YEAR		68			MONTHS DAYS	HOURS	MIN	
2		RTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF WHAT CO		RY? 8		MARRIED [	9 BALTIMOR	E CITY OF	COUNTY	OUNTY OF DEATH			
	C	Virgin	ia	U.S.A.		WIDOWE		ONORCED	Pr	.Geo.	,			MD.	
74	10 ⊂1	Cheverly	ТН	11. NAME OF HOSPITAL, NURSING HOME				STITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE (TYPE OF WORK FOR MOST OF WORKING LIFE)						
35	USUA 13a S	AL RESIDENCE (IF NURS TATE Md.	Pr.G	TY		I 13d INSIDE CITY LIMITS?		13e STREET ADDRESS 3706 - 37th Place							
100	14 FA	THER'S NAME FIRST John	M	NIDDLE	Cridd.	le	15 MOTHER'S MAIDEN NAME FIRST Nanny					Hemp			
1		VAS DECEASED EVER (ES, NO OR UNKNOWN)		WED FORCES? WAR OR DATES)	226-05		17 INFORM	rt L.Wh	iteside	Jr	207	5-Lake t -Col		a,	
W. Carlotte	TION		nediote g the last	ONDITIONS <u>CC</u>	ONTRIBUTING	CONSEQUENCE OF  BUTING TO DEATH BUT NOT RELATED TO THE TERM				MINAL DISEASE OR CONDITION GIVEN IN PART 1(a)					
9	CERTIFICATION	190 DATE OF OPERAT	196 CONDI	idition for which operation was performed				200 AUTOPSY?  20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO					TH?		
9		210 ACCIDENT WAS UNCO	TH HOUR A.	IME OF INJURY JR A.M. MONTH DAY YEAR P.M. 19			NJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)							
	MEDICAL	21d. INJURY OCCURR	INE [	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFF	FICE, FARM, ETC.)	21f LOCAT			CITY OR TOWN	4	COUNTY	\$1	TATE	
		22a.1 certify that (I) (this hespital) attended the deceased from \$\left( -22 - 24 \), 19											'		
		226 SIGNATURE  AUGU 226. PHYSICIAN'S NA	4 Z	MA.	tair	DEGREE ATTENDING PHYSICIAN TIZE ADDRESS			MEDICAL STAFF  OTRECTOR   PHYSICIAN					7	
1			,												
	23o. B	Burial  Burial	REMOVAL	236. DATE 3/5/19		73: NAME OF C			23d. LOCAT CITY OR I Bre	ntwoo	od Pr	county	Md.	ATE	
	24. FU	FUNERAL DIRECTORNALLEY'S F.H.Inc. ADDRESS Mt.Rainier, Md. 758. DATE REC'D. BY REGISTRAR IN RECIETRAR SECULIER.													

DHMH - 16 60M 1/75 (VR A 15 (4))

AND THE PROPERTY OF THE PROPER

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN OF ESTI-DEATH MATED TYPE OR PRINTS S FOR YOUR FILES. WITHIN 72 HOURS amus 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS AGE (IN YEARS DATE LAST BIRTHDAY) PRONOUNCED DEAD 76. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Pa USA WIDOWED [ DIVORCED 2, AND 3 TO THE FUR 3. RETAIN PAGE 5 F SHOULD BE FLED, W AITY OR TOWN OF DEATH MCTAME OF HOSBITAL NURSING HOME, OR OTHER INSCITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 12. STREET ADDRESS 13c CITY OR LOWN 13d. INSIDE CITY LIMITS? Md NO [] 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME C LAST S 1 AND Samuel Wilkerson LAST Virginia Virginia MIDDLE James 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES NO OR UNKNOWN) I (IE YES, GIVE WAR OR DATES) Mrs. Lois S. Wilkerson/same as 13d 229-26-9041 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL Hour Schrote Cardes Vasculo PART I DEATH WAS CAUSED BY: BURIAL-TRANSIT PERMIT IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. AND PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Life K Comeclus + as sucher 196. CONDITION FOR WHICH OF RATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL. YES | NO [ BE 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION AT WORK AT WORLE STREET, EACTORY, EARM, ETC.) CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion deoth resulted from: Notural couses Accident Homicide \_\_\_\_ Suicide Undetermined manner TITLE (SPECIFY) Deputy 12800 Willow Wind Circle, 0xon Hill Md. Augusto P. Rodrighez, M. D. EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b. DATE 3-27-79 23c NAME OF CEMETERY OR CREMATORY Harmony Memorial 23d. LOCATION STATE Landover, 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** John T. Rhines Co., 3015 12th St., N.E., D. C. MAR 2 3 1979 (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND

Foreign

Out in the second of 
Manal III

Will Sil-03-8630 wreiest J. Millions to Some Services

. 11	Ite	FOR Item #	g530 4/ 2d Film	9/79 gj	DEPARTME	STATE OF A			GIENE			
XX	11-	STATE REGISTRAR 4/1	- 4 -			AMINER'S				RE TN	9-07	665
	I. DE	CEASED NAME (E OR PRINT)	oughas	Hi	MIDDLE WILL	liams	LAST	La la	OF	ESTI-	3->	DAY YEAR 26 HOUR
(M)	1/4	lale 131	ach	DATE OF BIRTH	1-12	GE (IN YEARS IF UI		HOURS M	HRS. 2c. DA	UNCED .	/7Z	- 79 135 M
	FC	RTHPLACE (STATE OR PREIGN COUNTRY) Shington	76	United :		8. MARR WIDOV		ER MARRIED DIVORCED	1/3	MORECITY	i e org	(9.1 MD.
FACE SE FRED	8	redully	V	HE CI	CILITY GIVE STREET	(zem. 1	HER INSTITUTION	ION II	FOR MOST OF V		PE OF WORK 12	OR INDUSTRY
1201 AND 3 RETAIN HOULD RECORD	USU	AL RESIDENCE (IF	REIN HOME ON O	THER INSTITUTION, GI	VE BUILDINGE BEFO	RE ADMISSION) TOWN ALLER	13d. INSIDE CITY	Y LIMITS? 13	STREET ADD	Crayl	old ,	Drue
RE, MD. 2 CDEATH. II CGES 1, 2, CMD 2 S AND 2 S OF VITAL	14. F/	James		enry	LAST	illiams	He	R'S MAIDEN		MIDDLE	Н	utchinson
AFTER NE PACE IN PORT OF SION (	()	VAS DECEASED EVER ES. NO. OR UNKNOWN) (CS	IN U.S. ARMED (IF YES, GIVE WAR 1942-1	OR DATES)		5-8333	Mrs.		h A. Wi	ADDRES	S Dr.	Suitland, MD. 1913 Gaylor
PRESTON ST., VITHIN 24 HOL CIL IN ITEM 18 NER ALONG N ANSIT PERMIT AL HYGIENE, I AOVAL.	7	18. CAUSE OF DEA PART I DEATH V Canditions, if gove (ise to couse (a) station lying cause last	VAS CAUSED B' IMMEDIATE (  ony, which immediate g the under-	DUE TO, OR	AS A CONSEC	DUENCE OF	Just	is				APPROXIMATE INTERVAL BETWEEN ONSFT. AND DEATH
CORDS, 3  BE EXECT NDING" I WEDICAL AS A BUR AND MATION,	NOIL	PART 2 OTNER SIGNIFICAT							(o).			
DF VITAL RESTOULD WORD "PEI WORD "PEI PIE CHIEF! LID BE USED BENTON FEI BURITO, CHE	RTIFICA	19th DATE OF OPER		196. CONDI		CH OPERATION V						20 AUTOPSY?  YES NO
DIVISION OF VII  S CERTIFICATE SI RITING THE WOOR RDED TO THE C E 3 SHOULD BE E DEPARTMENT PRIOR TO SURIA	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTING 21d. INJURY OCCUR	OR CAUSE OF DEA	HOUR A.M	MONTH DA	Y YEAR 1979 5	CATION LA	pedes.	(ENTER NATURE OF	wong	re-hees	Hot by cal
THE SWAIN 1201	,	AT WORK AT V	WHILE VORK	10	C.C., FARY, ETC.)	160		chies	*She	digsi	Ce fruit	rus Sulthy
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FOR: TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SI BALTIMORE, MARYLAND 21		22a. I certify that death resulted from	- TV		Accident Accident		, Hamicia	Inspection L de	Undetermined		ina in-my-opin	
DICAL EXA TE THE CER A SHOULD NERAL DIRI DEATH, WITH	1	SIGNATURE EXAMINER'S NAME	Garlo	1.40	digu	7	ofep	Ja	MEDICAL EX	AMINER	DATE SIGNED	3/20/18
TO ME EXECUT PAGE TO FULL AFTER I BALTIM	23e.B	URIAL, CREMATION,	PEMOVAL 236.				ADDRESS OR CREMATOL		23d. LOCATION	Stews 1	COUNTY	THE FIRE
DHMH-17 20M 1/73 (VR A15 ME (5))		BURIAL UNERAL DIRECTOR NAME OLLINS FUN		ADDRESS		Harmony WASHINGT WNT PL.	D. C. 2		Lande 7 1979		PG Ma	aryland GNATURE
	TU	OTTITIO LON	THIMTI UL	TINO	· 4777 [	IOMI LTO	N. E.		1010	-		

1	0
L	4
-	

## STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

47	0		0	7	0	0	-0
7	ч	-	11	1	h	h	r
- 8	V		U		V	O	4

REGISTRAR 256 REGISTRAR'S SIGNATURE

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1-01000
9	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	MARGAR	RET S	WILLIAMS	3 4	79 10:40A M
	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	female	white	Oct 23, 1896	82 YRS	MONTHS DAYS HOURS MIN
1	70 BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Washington D C	US A	MARRIED NEVER MARRIED WIDOWED MORCED		
1	10 CITY OR TOWN OF DEATH  CHEVERLY	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE 10US EWILE	126. KIND OF BUSINESS OR
5	USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136 COUN Pro		13d INSIDE CITY LIMITS?	13. STREET ADDRESS 4707 Oliver St	reet
E	Harry Lou			adge T O'Sullivan	LAST
	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE	EMIAD OD BATES		ADDRESS	11 - W.1
	no	578 34	0944 Alfred H	Smith Upper Mar	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, it ony, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT		CUD	RMINAL DISEASE OR CONDITION GIV	EN IN PART No:
-	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CODITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
-		HOUR A.M. MONTH P.M.	DAY YEAR	IRRED (ENTER NATURE OF INJURY IN ITEM 18, P.	ART 1 OR PART 2)
	OR CONTINUENT OF CLUS OF DEA	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E. FARM, ETC.)	CITY OR TOWN	COUNTY STATE
	saw the deceased alive on	MARCH 3  19  19 view the body after death.	7 0	n death occurred on the date and hou	19 7 , tho (() (we) lost r and from the causes stated
	27h SIGNATURE	Mel	DEGREE ATTENDING PHYSICIAN	STAFF DIRECTOR PHYSICIAN	3/4/79
	120 PHYSICIAN SNAME (TYPEO	IR PRINT)	22e ADDRESS	at Dd Handtonill	W.2
	Robert	D Deitz	0323 Belcres	st Rd, Hyattsville	, Md
١	230. BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CHANGE	CITY OR IOWN	COUNTY STATE
	Burial	Mar 8, 1979	Arlington National	Arlington Ar	lington Va

Hyattsville, Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

Gasch's Sons P A

TO FUNERAL DIRECTOR: After this certificate has been signated be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to I IMPORTANT: If Item 21 is marked or Item 18 shows any

3 4 74 40.40	WILLIAMS	THREADET	
	1091 (Cg 27)	-tion	of mol
YTMAGO ETSARDER SOANTY		10 mg	zi iler
Sent Sirenua	CORDETS SEL NUSPETAL	PRINCE	YLEST
dent novide man	el d'avei	I so tend on	554
neville to I mebel		dates eine van	ş ri
Alt cooffee took this	Sort ()		
			6 8
NE ACTIVITION NO THE	S Color Straight	19 19 19 19 19 19 19 19 19 19 19 19 19 1	

## FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	9	-	0	7	6	6	7

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SICHATURE

DECEASED NAME  THE OPERIND  ANNA  UNA  UNA  WILSON  SEX  Female  White  White  Warch  ANNA  IS ALTONOMY  WARRIED  NEVER MARRIED  NO NORCED  NA ARRIED  NO NORCED  NA ARRIED  NO NORCED  NA ARRIED  NO NORCED  NA ARRIED  NO NORCED  NO NORCED  NA ARRIED  NO NORCED  NA ARRIED  NO NORCED  NA ARRIED  NA ARRIED  NO NORCED  NO NORCED  NA ARRIED  NO NORCED  NA ARRIED  NO NORCED  NO NORCED  NO NORCED  NO NORCED  NA NORCED  NO NORCED  NO NO NORCED	REGISTRAR				CERTIFI	CATE OF DEAT	Н		REG. NO.	19	- 07	00	1
ANNA Una WILSON March (3 ) 16 70 12  Female White March 15, 1884  Female March 15, 1884  Fe		FIRST	A	AIDDLE	LA	ST		20. DATE OF		NTH DAY	YEAR	26 HOU	R
SEX   SACE   S	( Continuity	ANNA	U	na	W	ILSON		Marc	h 6	3) 16	79	12:4	+5P
Female   White   March 15, 1884   95   YES   NAME   PRINCE COUNTY OF DEATH   WAS DECEASED EVER IN U.S. ARMED FORCES?   If SOCIAL SECURITY IN   If SO	3 SEX		RACE					6. AGE (INYE	ARS LAST BIRTHD			IF UNDER	_
MARRIED   NEVER MARRIED   NEVER MARRIED   PRINCE GEORGES   124 KIND OF BUSINESS   NEVER MARRIED   NEVER MARRIE	Female		Whi	te		h 15, 18	84	95			NTHS DAYS	HOURS	MIN
MATYLAND  10 CITY OR TOWN OF DEATH  11. NAME OF HOSPIAL NULSING HOME OR OTHER INSTITUTION  12. CITY OR TOWN OF DEATH  13. NAME OF HOSPIAL NULSING HOME OR OTHER INSTITUTION  14. KIND OF BUSING  15. CITY OR TOWN OF DEATH  15. CITY OR TOWN OF DEATH  16. CITY OR TOWN OF DEATH  17. NAME OF HOSPIAL NULSING HOME OR OTHER INSTITUTION  18. CITY OR TOWN OR DEATH  18. CITY OR TOWN  19. STATE  19. CITY OR TOWN  19. MODIE  19. MOTHER'S MAIDEN NAME  19. MODIE  19. MOTHER'S MAIDEN NAME  19. MOTHER'S MAIDEN NAME  19. MODIE  19. MOTHER'S MAIDEN NAME  19. MOTHER'S MAIDEN NAME  19. MODIE  19. MOTHER'S MAIDEN NAME  19. MODIE  19. MOTHER'S MAIDEN NAME  19. MODIE  1		OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIE	ED []	9 BALTIMO	RE CITY OR	COUNTYO	FDEATH		
The city of town of Death  It. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (If wor was undersacting was steet appears)  PRINCE GEO EXTENDED CARE FACILITY  Wife  USUAL RESPONSE (IF NURSING) With a SOLITIVE WITH A SOLITIVE WAS A SOLITIVE WITH A SOLITIVE WITH A SOLITIVE WAS A SOLITIVE WITH A SOLITIVE WAS A SOLITIVE WITH A SOLITIVE WAS A SOLITIVE WAS A SOLITIVE WAS DECEASED EVER IN U.S. ARMED FORCES?  IN AMAS DECEASED EVER IN U.S. ARMED FORCES.  IN AMAS DECEASED EVER IN WITH OWN TO TRANSPORT.  IN AMAS DEFI		d	US	A				PRIN	CE GEO	RGES			,
CHEVERLY  PRINCE GEO. EXTENDED CARE FACILITY  Wife  Home  USUAL RESIDENCE (IP NURSHOOD MAN CONTEX HOSTITUTION GOVER SIDERCE REGRET ADMISSORY)  IS STATE:  Maryland  Queen Anne's Grasonville  FIRST  MACOUNTY  FOODUS  IS AND THER'S MADDEN NAME  PRIST  HENTY  MACOUNTY  FOODUS  IS AND THER'S MADDEN NAME  PRIST  HENTY  FOODUS  IS AND THER'S MADDEN NAME  PRIST  HENTY  FOODUS  IS MOTHER'S MADDEN NAME  PRIST  HOUSE  TO STATE TO STATE  MADDLE  STATE  MODIE  FOODUS  IS NOTHER'S MADDEN NAME  PRIST  HOUSE  FOODUS  IS NOTHER'S MADDEN NAME  PRIST  MADDLE  TO STATE OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO  OR CONTRIBUTION TO CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO  OR CONTRIBUTION TO CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO  OR AUTOPSY  IS LIFE TO THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  IS ANDOSCATIF  PRIST  WITH THE THER'S NOT THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO  OR CONTRIBUTION TO CAUSE OF DATA  HOUR AM. MONTH DAY YEAR  PRIST  IS NOTHER'S MADDEN NAME  PRIST  IS N	10 CITY OR TOWN OF	DEATH II				ROTHER INSTITUTION	ON	12a USUAL C	OCCUPATION	7		F BUSINE	55 (
USUAL RESIDENCE (F MUSURES) JONE OF OTHER MINITURION, OW RESIDENCE STORE ADMISSION)   136 STATE   Maryland   Queen Anne's Grasonville   136 MINITURE   136 STREET ADDRESS   136	CHEVERLY					CARE FAC	ILIT					ome	
Maryland Queen Anne's Grasonville  VES NOD    It FATHER'S NAME   Henry	USUAL RESIDENCE (IF N	NURSING HOME OR OT	THER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIA	AITS?	13e STREET	ADDRESS			G # 16	
Henry	Maryland			Grasonv:	ille								
18 CAUSE OF DEATH   Enter only one couse per line for job   10   10   10   10   10   10   10   1		44.15	DDIE	LAST					MIDDLE	THE STATE	145		
SCAUSE OF DEATH Enter only one couse per line for 10 lb, and 10	Henry			Foebus		Eliza	abeth	1 -				m	
18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and ic  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE OF  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse iol, storing the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (a)  PART 2 OTHER SIGNIFICANT CONDITIONS CO				166 SOCIAL SECU	RITY NO.	17 INFORMANT	Son		6 5 10 5 E S	rafto	n St.		
18. CAUSE OF DEATH :Enter only one couse per line for 101, (b), and ic  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE OF  OUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate couse iol, storing the underlying couse lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2 OTHER SIGNIFICANT WAS UNDERLYING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2 OTHER SIGNIFICANT WAS UNDERLYING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2 OTHER SIGNIFICANT WAS UNDERLYING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2 OTHER SIGNIFICANT WAS UNDERLYING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2 OTHER SIGNIFICANT WAS UNDERLYING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2 OTHER SIGNIFICANT WAS UNDERLYING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2 OTHER SIGNIFICANT WAS UN		( TES, ONE W	AN ON DATES	214-74-60	600	Wesley H.	Wil	son,	Forres	tvill	e. Md.	. 200	28
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d, INJURY OCCURRED  21e, PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  22e. I certify that (I) (this hospital) attended the deceased from saw the deceased laive on obove. (I) (we) (did) (did not view the body offer death.)  22e. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (MPERMEDENII)  22d. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21l. LOCATION  STREET  CITY OR TOWN  COUNTY  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (MPERMEDENII)  22d. DATE SIGN  22d. PHYSICIAN'S NAME (MPERMEDENII)  22d. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (MPERMEDENII)  22d. PLACE OF INJURY  COUNTY  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (MPERMEDENII)  22d. PLACE OF INJURY  CITY OR TOWN  COUNTY  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (MPERMEDENII)	gave rise to couse (a), strunderlying co	immediate lating the buse last.	ONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	1514	Die	AFDE	SE PSY? 12	Ob. IF YES, V	WERE FINDIN	NGS USED	
220.1 certify that (I) (this hospital) attended the deceased from	OR COLUMNIA I	CAUSE OF DEATH	HOUR A.	M. MONTH DA		21c. HOW INJURY	OCCURRI		NOW	YES		NO [	
saw the deceosed alive on		OT WHILE			ARM, ETC.)	STREET			CITY OR TOWN	d	COUNTY	ST	ATE
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN	saw the deco	eosed alive on e) (did) (did not	3	115/ 197		d that in (my) (aur)	opinion d	eath occurre	d on the dote	ond hour o	and from the		
1006 moral modern Coll				12	3	ATTEN PHYSI				и 🗆			
230 BURIAL, CREMATION, REMOVAL 236, DATE 230 NAME OF CEMETERY OR CREMATORY 236 LOCATION	S	·Pur	AZK		PART.	4637		njern	July 1	nu	20	1018	

James H. Barton, Jr., Centreville, Md. 21617

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the furneal. should be detacked for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled within 72 in

should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If them 21 is marked at Item 18 shows any injury, at other traumatic

erch (19) 16 79 12.49	11.50%	900	ANGEN LINE
		is. Baldin	remle hal
2152050 D 12			hast-rai
one of the	CVE FACILITY	alte do. Parto	YUNINI O
		allivrosum s'emm	caseop budge
AND DESCRIPTION OF THE PARTY OF	dje davika	803903	vixuali
o, Chiractville, M. 2002		1000-10	
			Art. Home
			70415
	Stell to	ente l'acel, et de	4

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 2b HOUR CTYPE CHEMINE OF DEATH MATED DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) RONOUNCED DEAD TH BIRTHPLACE INTAIL OF 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's WIDOWED -DIVORCED Y OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY Plasterer Construction Pro Georges Hospital USUAL, RESIDENCE (IEIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13K COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES [ NO L IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME W PM Douglas C Wingfield sr Mary Taylor IM WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17. INFORMANT ADDRESS Ruby L Wingfield Bladensburg, Md. USE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY solaratu Carden Vas cular des slace IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 🗌 NO [] 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME. 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion TO MEDICAL EXAMIN
EXECUTE THE CETTHC
PAGE 4 SHOULD BE
TO FUNERAL DIRECTO
AFTER DEATH WITH THE Natural causes death resulted fram: Accident Suicide Hamicide \_\_\_ Undetermined manner TITLE (SPECIFY) LLGGELS M.D. Deputy SIGNATURE MEDICAL EXAMINER 12800 Willow Wind Circle, Oxon Hilland EXAMINER'S NAME Augusto P. Rodriguez M.D. TYPE OR PRINT 23a, BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cheltenham Mar 28, 1979 Md Veterans Cemetery Burial Pro Georges Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 17 F. Gasch's Sons P A Myattsville, Md. tisking Matready (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND

120	1.	FOR			EPART	STA1 MENT OF H	E OF MA			HYGIEN	F			7000	
10	11.	STATE REGISTRAR				EXAMIN						7	9-0	1003	
		ECEASED NAM	E FIRST		MIDDLE			AST			2a. DATE	KNOWN			2h HOUR
ASE OR. JRS			JAME								OF DEATH	MATED !	X 3-,	24 179	
PRY, PLEAD DIRECTOR FILL	3. SE	X MALE	A. RACE BLACK	5. DATE OF BIRTH	YEAR	6 AGE (IN YEA LAST BIRTHDA 4.7 YR	MONTHS		IF UNDER	R 24 HRS. MIN.	PRONOUN DEAD	1CED	3-25	19 7	1140
S NEGESSARY, PLEASE ENVERAL DEPOTOR FOR YOUR FILES WITHIN 72 HOURS W. PRESTON STREET,	49 F	SIRTHPLACE (SOFEIGN COUNTRY)		76. CITIZEN OF WE		TRY?	MARRIEI		VER MARR		9. BALTIM PRINC			TY OF DEATH	MD
O THE B	10.0	TEVERLY		II. NAME OF HOS  (IF NOT IN SUCH FAR  PRINCE G	PITAL, NUI	REET ADDRESS)		OSPI		FOR	JAL OCCUP	KING LIFE)		126 KIND OF OR INDUS	BUSINESS
1. IF ANY DELAY IS NI 2, AND 3 TO THE ED 3. RETAIN PAGE IS SHOULD BE FILED AL RECORDS, 301	USU 13a.		(IF IN NURSING HOME O 13b. COUNT PRINC	R OTHER INSTITUTION, GIV	RESIDENCE	BEFORE ADMISSIO	N)	3d. INSIDE CI			EET ADDRE	SS	Road	THOMAND	UNIV.
MD. 2. FATH. IF EATH. IF P. 3. ND 2. SH. 2. MD. 2. SH. 3. ND 2. SH. M. 3. MD. 2. SH. M. 3. M. 2. SH. M. 3. M.		ATHER'S NAME		MIDDLE		-			R'S MAIDI				Noau		
PRE, MD RES 1, RM PM AND 2 OF WIT	1	larry	Fis	herman	Wir	IAST OD			anche		M	IDDLE	And	derson	
AFTER NE PANH FOR	160.	WAS DECEASED YES, NO, OR UNKNO NO	DEVER IN U.S. ARA	AED FORCES? WAR OR DATES)		-46-55		7. INFORM	TUAN		rother			derson r Marib loway,	
		IB CAUSE O PARTIDE	F DEATH (Enter onl ATH WAS CAUSED IMMEDIAT	y ane cause per line BY: AR' E CAUSE (a)	for (a), (b) FERIO	SCLERO	ric	CARDI	OVAS	CULAF	DIS	EASE		APPROXIMA BETWEEN ON	TE INTERVAL SET AND DEATH
		gave ris	ns, if any, which se to immediate	DUE TO, OR	AS A CON	SEOUENCE O	F		381						
		lying cau	151,25	(c)		SEOUENCE O									
LRECORDS, UID BE EXE "PENDING" "PENDING" FE MEDICA SED AS A BI HEALTH AN	NOI			ONTRIBUTING TO DEATH E	UT NOT RELA	TEO TO THE TERMI	IAL OISEASE O	R CONDITION	GIVEN IN PA	ART I (a).					
HAULE HOULE OF HE.	IFICAT	190. DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OPERA	TION WAS	S PERFORA	MED?				11-1-11	20. AUTOPS	1,000
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXERTING THE WORD "PENDING" ROED TO THE CHIEF MEDICALE 3 SHOULD BE USED AS A BIE DEPARTMENT OF HEALTH AN PRIOR TO BURIAL, CREMATION PRIOR TO BURIAL, CREMATION	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTION	NG CAUSE OF D		MONTH	19			OCCURRE	ED (ENTER)	NATURE OF INJ	URY IN ITEM I	18 PART 1 OR PA		NOD
DIVISIC FE, WRITING FE, WRITING RWARDED T PAGE 3 SH STATE DEPAI	MED	21d. INJURY C		21e PLACE C STREET, FACTO	F INJURY DRY, FARM, ET	(AT HOME,	21f. LOCA STRI		46		CITY OR TOV	WN	со	UNTY	STATE
XAMINER: CERTIFICATE, ILD BE FOR DIRECTOR: I		220. I certification death resulted		e af the remains desc al causes X;	ribed aba Accident	ve, held an		Hamici	Inspection ide	Undet	Inquiry ermined ma	inner	and in my op	3-26-79	
MEDICAL E ECUTE THE OF A SHOUN FUNERAL I FUNERAL I TIMORE, M	2	0	NAME AUGUST	O P. RODI	RIGUE	z	M.D		2800		OW WI		IRCLE,	TANTALI	
2 9 9 PA	230.6	BURIAL, CREMATE BUR	IAL 3	-30-79		t Linc				23d. LC City Bro	CATION OR TOWN	MD.	COU	Z Marylan	STATE
DHMH - 17	24. F	UNERAL DIREC		ADDRESS		= 1			25a. DAVA	ARD 3Y	0=1979	_	lapper,		dig
(VR A15 ME (5)) 15M 7/77	J		Rhines Co	3030-12	th-S	treet,	N.E.,	D.C.	50.00		0 101 0		/	. 4	/

## filled in by the funeral director, page 3 author 72 hours after death moy be IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shwith the State Dept. at Health and Mental Hygiene prior to burial, cremation, ar removal. TO FUNERAL DIRECTOR: After this certificate has been OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR - STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	9-0767	70
		CEASED NAME FIRST	All	DOLE	L	AST		MONTH DAY YEAR	26 HOUR
	TUPE	OR PRINT) MILDRED	Н		WOO	DDWARD		3 2 79	7:35A M
	3. SE	X	RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT	THDAY] IF UNDER 1 YE	
		F	8.		2 -	44 44 4	73	YRS.	TS HOURS MIN
200		IRTHPLACE (STATE OR FOREIGN OUNTRY)	L CITIZEN OF W	HAT COUNTRY?	8 MARRIEI	NEVER MARRIED	TABLE TO STATE OF THE PARTY OF	R COUNTY OF DEATH	
200		Mo.	Ll. S.	7 1 7	WIDOWE	D SEP DIVORCED		ORGE'S COUN	
1	10 C	ITY OR TOWN OF DEATH		PACILITY, GIVE STREET A		R OTHER INSTITUTION	120. USUAL OCCUPATI	F WORKING LIFET INDUST	
17		CHEVERLY AL RESIDENCE (IF NURSING HOME OF C				HOSPITAL	Housewife	AT	40HE
52 F	13a. :	STATE 136 COUNT	Υ []	13c CITY OR TOWN	ADMISSION]	136 INSIDE CITY LIMITS?	13e STREET ADDRESS		2
	14 E	ATHER'S NAME	. []	LANDOVER		YES NO	7	LAND HARK	DR.
01/		FIRST	IDDLE	LAST		FIRST	MIDDLE		LAST
400	IAn \	WAS DECEASED EVER IN U.S. ARM	-	RROD 166 SOCIAL SECUR	ITY NO	17 INFORMANT	ADDRE	QUEEN	
Jedic L		YES, NO OR UNKNOWN] (# YES, GIVE	WAR OR DATES	517-46-99			LS - SAME AS	5 # 13 ABC	WE
i e i		NO I				LUELTO MICHO	L3 - OHING A		OXIMATE INTERVAL EN ONSET AND DEATH
ent,		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY A	A P and	and	T. Ca.	diates.	BETWE	EN ONSET AND DEATH
Ď U		MA GO		3. (C2500	155.05	in the		13:5:5	
O E O		Conditions, if any, which	DUE TO, OR	AS A CONSEQUEN	ACE OF				
0		gave rise to immediate cause (a), stating the		AS A CONSEQUEN	ICE OF				
or other		underlying couse last.	(c)	AS A CONSECUE!	ACE OF			A STATE OF THE PARTY OF THE PAR	
	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS COM	NTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	1(a)
	CERTIFICATION	190 DATE OF OPERATION	19b CONDIT	ION FOR WHICH C	OPERATIO:	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN	DINGS USED
9	FF		1				YES NOT	IN CERTIFYING CAUS	SES OF DEATH?
9	ER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF		7.5	21c. HOW INJURY OCCURR			
7		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M		Y YEAR	STABLE IN SOM			
5	MEDICAL	21d. INJURY OCCURRED	21e PLACE O	F INJURY		211 LOCATION			
	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREE	ET, FACTORY, OFFICE, FA	RM, ETC.)	STREET	CITY OR TOV	WN COUNTY	STATE
MACKING III nem 2113 morked of Hem		220 1 certify that (I) (this hospital	al) attended that	deceased from	.2.	-15 , 19 79	, to3	2 19 79	_, that (I) (we) last
4		sow the deceased alive on a	25 The book o	fter death	29. ar	d that in (my) (our) apinion o	death occurred on the d	ate and hour and from t	the couses stated
		22b. SIGNATURE	DA			DEGREE			TE SIGNED
		Alta	No	tun	1	ATTENDING PHYSICIAN	MEDICAL STA	CIAN 2	Mar 19
		224. PHYSICIAN'S NAME (TYPE OR	PRINT)		eT R	22e ADDRESS	And	4 11 ,	1)
5		Seth H. L	OURIE	3035		5806 Dallo.	. N. liya	Nsville 1	40 20781
5	230	BURIAL, REMATION, REMOVAL	23b. DATE	-0		EMETERY OR CREMATORY	236 LOCATION CITY OF TOWN	COUNTY	STATE
			3-7-7	19  HAI	RMON		HIGHLAND	PARK, A	10.
	24 F	UNERAL DIRECTOR		ADDRESS		250. OM	HUBC. OF BY KELDIPLAGE	256. REGISTRAR'S SICK	Cready
	<i>H</i> .	S. WASHINGTON &	ons 492	5 BURRE	LIGHS	AVE. N.C.	The second	/.	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

19-07670			
3 2 7 7 320	1000/480		¥ .
Entra Ex L	36F1 HS - D		. 4
regiser scores's courty	2.	ASE	G/1
e and in same auch		STBBROSE CONTAC	_ Y_##\$V\$ (3
Land and measure that		250 (000) 250	ald
23.0			restroly.
THE SECTION AS A SECTION AS		and -4	11+12
		MARK TO THE SUPERINGER	Smile M. C.

		1.	FOR STATE REGISTRAR	DEP	The second of the second	IEALTH AND MENTAL	HYGIENE	79 -	0767	
			CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF	DEATH AMONTH	DAY YEAR	26 HOUR
i		(TYPI	ELOIS	SE B.	WRENN			03-	17-79	10:10P
0		3 SE		4 RACE	S. DATE C		6. AGE (IN YE	ARS LAST BIRTHDAY	IF UNDER 1 YEAR	
8		3	Female	White	11	16 29	49	YR	MONTHS DAYS	HOURS MIN
111			IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUN	RY? 8	D NEVER MARRIED	9. BALTIMOI	RE CITY OR COUN	NTY OF DEATH	
1	46		Delaware	USA	WIDOWE			E GEORGES	COUNTY	,
pad		10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION		CCUPATION FOR MOST OF WORKING		OF BUSINESS
900	74	C	HEVERLY	PRINCE GEORGE		ITAL		n. Spec.		e Cente:
t he	0.0	USU 13a	AL RESIDENCE (IF NURSING HOME ( STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE I		1 13d INSIDE CITY LIMIT	S? 13e. STREET A	DDRESS		
, mar	30		Md.	No. of the contract of the con	age City	YES NO	AYA		ottage Te	errace
9		14. F.	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE	4	AST
0.00	160		Earl	S. Babbi	tt	Evel	Lyn		Bake	
ficol	1	16a \	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL S	SECURITY NO.	17 INFORMANT		ADDRESS	VT 2015	
36			No	222-16	-8001					
aval.			18 CAUSE OF DEATH (Enter of	only one couse per line for (o), (b SED BY:	, and	. /	1,	11/10/10	BETWEEN	XIMATE INTERVAL
prior to burial, cre		CERTIFICATION	couse (0), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSI	TO DEATH BUT		TERMINAL DISEASE	P5Y? [20b IF	YES, WERE FINDS	INGS USED
e s	9	FE					YES []	NO[] IN CES	RTIFYING CAUSE!	S OF DEATH?
Hyg 8 sh	9		THE ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF ID	The second secon	DAY YEAR	21c HOW INJURY OC		UNE OF INJURY IN THEM.	(8, PART ) OR PART 3)	
Mental-tr		MEDICAL	17 EITHER HOTEY MEDICAL EXAMINE 714 INJURY OCCURRED	71. PLACE OF INJURY	19	III LOCATION				
73		MEL		IAT HOME, STREET, FACTORY, GA	FICE FARM, ETC.)	STREET.		CIT OF TOWN	COUNTY	STATE
alth and		13	AT WORK   NOT WORK		- who	7	9 5	111	79	- 23
Hed F Hed			sow the received olive o	pital attended the deceased in	16-2	nd that in (my) (our) api	nion death accurred	on the date and	hour and from the	e couses states
pt. a			phove; (II )ve (did) (fid :	ng I yell the body after death.	of	DEGREE				ESIGNED
te De			VIEW	WINTEY	( h	ATTENDIN	MEDICAL IN CLAMECTOR	STAFF	171/	979
Sta			224 PHYSICIAN'S NAME (THE	CONTRINCT)		22# ADDRESS			107	1
with the State			LEWIS H. DE	ENNIS, MD		831 UNIV.	BLVD. E.	, SILVER	SPRING,	MD. 20
⊼ } ≧		23a.	BURIAL, CREMATION, REMOVA	AL 236 DATE	23c. NAME OF C	CEMETERY OR CREMATO	ORY 23d. LOCA	TION	COUNTY	STATE
			Removal	3/19/79	1024	The state of	100 4 5 7 - 5			
DM 7/77		24 F	UNERAL DIRECTOR	ADDRES	S	25a	. DATE REC'D. BY RE		STRAR'S SICH	i Deady
(4))			Anatomy Board	Balto.,	Md.		WHKZ71	9/9		

STATE OF MARYLAND

301-547-13-32 - mis schize

79-07671		
	voenu sa sato.	
YTIAUO 2908080 BOORRS Y		
	1920E 21309050 30X139	ATOENSED
Andrew Commencer and the Comme		
	CMCNUM	
831 UNIV. CLVG. E., SILVER SPRING, ND.	DERUS, ND	.H 21/31